

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**GLENN GROTHMAN FOR CONGRESS**

ADDRESS (number and street) PO BOX 1215  
 Check if different than previously reported. (ACC) FOND DU LAC WI 54964

2. **FEC IDENTIFICATION NUMBER** C C00561597 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) WI 06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
  
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 08 / 12 / 2014 in the State of WI

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on   /   /   in the State of  

5. Covering Period 07 / 01 / 2014 through 07 / 23 / 2014

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 Claudette Moll

Signature of Treasurer Claudette Moll [Electronically Filed] Date 07 / 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**GLENN GROTHMAN FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 23 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	94931.36	232570.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	94931.36	232270.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	99192.80	176045.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	3397.00	3397.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95795.80	172648.75
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	159621.25	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	128497.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**GLENN GROTHMAN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	72374.00	152431.20
(ii) Unitemized.....	20057.36	74538.80
(iii) TOTAL of contributions from individuals ▶	92431.36	226970.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	5600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	94931.36	232570.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	90000.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	90000.00	100000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	3397.00	3397.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	188328.36	335967.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	99192.80	176045.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	300.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	99192.80	176345.75

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	70485.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	188328.36
25. SUBTOTAL (add Line 23 and Line 24).....	258814.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	99192.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	159621.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Ansay**

Mailing Address 603 Kara Lane

City State Zip Code  
Grafton WI 53024

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

Name of Employer Occupation  
Ansay & Associates Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2014

**Transaction ID : SA11AI.7036**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Perry Armstrong**

Mailing Address 2728 Coho St

City State Zip Code  
Madison WI 53713

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.6450**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 2644 Cedar Sauk Rd

City State Zip Code  
Saukville WI 53080

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

Name of Employer Occupation  
Robert Bach Construction President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2014

**Transaction ID : SA11AI.7147**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Janice Baldock**

Mailing Address P O Box 335

City State Zip Code  
St Cloud WI 53079

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**312.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6917**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Roger Bardoel**

Mailing Address 1400 Hidden Waters Cir

City State Zip Code  
West Bend WI 53095

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 10 / 2014

**Transaction ID : SA11AI.6454**

Amount of Each Receipt this Period  
**600.00**

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

Mailing Address 3375 Lakeview Rd

City State Zip Code  
Colgate WI 53017

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

Name of Employer Occupation  
Great Lakes Packaging Production Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : SA11AI.6457**

Amount of Each Receipt this Period  
**250.00**

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

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Bartley**

Mailing Address 1306 Schloemer DR

City West Bend State WI Zip Code 53095

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

Name of Employer HK Systems Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 12 / 2014**

**Transaction ID : SA11AI.6886**

Amount of Each Receipt this Period  
**600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jack Bast**

Mailing Address 1608 Morning Glory Dr

City Hartford State WI Zip Code 53027

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 14 / 2014**

**Transaction ID : SA11AI.6883**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 11747 N Lake Shore Dr

City Mequon State WI Zip Code 53092

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2014**

**Transaction ID : SA11AI.7326**

Amount of Each Receipt this Period  
**100.00**

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

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robin Baxter**

Mailing Address 1856 Blackfoot Ave

City State Zip Code  
Grafton WI 53024

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

Name of Employer Occupation  
United Financial Services Computer Networking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : SA11AI.7016**

Amount of Each Receipt this Period  
800.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Beem**

Mailing Address 215 Jackson Ave

City State Zip Code  
Omro WI 54963

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

Name of Employer Occupation  
Omro Chiropractic Chiropractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2014

**Transaction ID : SA11AI.7167**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Therese Berger**

Mailing Address 3701 Cty Hwy NN

City State Zip Code  
West Bend WI 53095

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

Name of Employer Occupation  
Mary T. Berger, MD, SC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : SA11AI.6943**

Amount of Each Receipt this Period  
500.00

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

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

1400.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dixie Bernstein**

Mailing Address N2455 Cardinal Lane  
P O Box 700138

City Oostburg State WI Zip Code 53070

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

Name of Employer Self-Employed Occupation Home Maker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2014

**Transaction ID : SA11AI.6472**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sandra Berres**

Mailing Address 2211 Salisbury Road

City West Bend State WI Zip Code 53090

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

Name of Employer Dan Berres Studios Occupation Photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.7012**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address N36 W7505 Buchanan St

City Cedarburg State WI Zip Code 53012

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

Name of Employer Engineer/Business Owner Occupation Traffic Analysis Design, Inc.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.7035**

Amount of Each Receipt this Period  
**250.00**

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

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Bingen**

Mailing Address 5132 Hwy 33

City West Bend State WI Zip Code 53095

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

Name of Employer Michels Corporation Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.7127**

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**Alice Braeger**

Mailing Address 107 Cedar Ridge Dr N322

City West Bend State WI Zip Code 53095

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7244**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 151 University Dr #217

City West Bend State WI Zip Code 53095

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

Name of Employer Kewaskum House of Prayer Occupation Pastor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.7118**

Amount of Each Receipt this Period  
 50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Breidenbach**

Mailing Address W72 N1070 Hampton Ave

City Cedarburg State WI Zip Code 53012

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

Name of Employer Rust Oleum Sales Co Occupation Area Sales Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 03 / 2014

**Transaction ID : SA11AI.6485**

Amount of Each Receipt this Period

59.00

359.00

**B.** Full Name (Last, First, Middle Initial)  
**Sharon Brownell**

Mailing Address N3228 School St

City Sheboygan Falls State WI Zip Code 53085

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

Name of Employer Wheaton Franciscan Health Care Occupation Registered Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6487**

Amount of Each Receipt this Period

300.00

300.00

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

Mailing Address 1891 Shalom Dr

City West Bend State WI Zip Code 53090

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.6922**

Amount of Each Receipt this Period

550.00

550.00

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

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

909.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Karen 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 Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.7034**

Amount of Each Receipt this Period  
450.00

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

Mailing Address 1034 Cottonwood Ct

City State Zip Code  
West Bend WI 53095

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

Name of Employer Occupation  
Global Products, Ltd Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.7039**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 455 Ledgewood Dr

City State Zip Code  
Fond du Lac WI 54937

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

Name of Employer Occupation  
Brenner Tank Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6832**

Amount of Each Receipt this Period  
250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Carol Carpenter**

Mailing Address 656 W Evergreen Ct

City Bayside State WI Zip Code 53217

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7319**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 1250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jane Carpenter**

Mailing Address 8014 North Lake Dr

City Milwaukee State WI Zip Code 53217

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

Name of Employer Gogolak Occupation Training Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7318**

Amount of Each Receipt this Period  
 50.00

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1613 Von Dron Rd

City Madison State WI Zip Code 53716

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

Name of Employer None Occupation Home Maker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6881**

Amount of Each Receipt this Period  
 450.00

Amount of Each Receipt this Period  
 450.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jon Cyganiak**

Mailing Address 3515 N 124th St

City State Zip Code  
Brookfield WI 53005

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

Name of Employer Occupation  
Cyganiak Planning, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2014

**Transaction ID : SA11AI.6509**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jon Cyganiak**

Mailing Address 3515 N 124th St

City State Zip Code  
Brookfield WI 53005

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

Name of Employer Occupation  
Cyganiak Planning, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2014

**Transaction ID : SA11AI.7099**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6245 Scenic Dr W

City State Zip Code  
West Bend WI 53095

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

Name of Employer Occupation  
West Bend Air, Inc. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2014

**Transaction ID : SA11AI.7131**

Amount of Each Receipt this Period  
400.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Dietzler**

Mailing Address 1331 Evergreen St

City West Bend State WI Zip Code 53095

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : SA11AI.7202**

Amount of Each Receipt this Period  
 450.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Dittmar**

Mailing Address B86 W15798 Shorecrest Dr

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6522**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4988 Hron Road

City West Bend State WI Zip Code 53095

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

Name of Employer Duquaine Concrete Occupation Owner/Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.7141**

Amount of Each Receipt this Period  
 250.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Eastman**

Mailing Address 4910 W Century Ct

City Mequon State WI Zip Code 53092

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7309**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Eisenga**

Mailing Address 146 W Mill St

City Columbus State WI Zip Code 53925

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

Name of Employer American Lending Solutions LLC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.6973**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ruth A. Elmer**

Mailing Address 427 Hidden Ridges Way

City Combined Locks State WI Zip Code 54113

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.7200**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Endres**

Mailing Address 11449 N Glenwood Dr

City Mequon State WI Zip Code 53097

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

Name of Employer Fresenous Kabi Occupation Medical Equip Sales Rep

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7311**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Endres**

Mailing Address 11449 N Glenwood Dr

City Mequon State WI Zip Code 53097

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

Name of Employer GE Health Care Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7313**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jack A. Enea**

Mailing Address 13808 N Martin Way

City Mequon State WI Zip Code 53097

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

Name of Employer Whyte Hirschboeck Dudek, S.C. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.7043**

Amount of Each Receipt this Period  
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Keith Everson**

Mailing Address N1556 Hwy O

City State Zip Code  
Hartford WI 53027

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

Name of Employer Occupation  
Sussex Injection Molding Co. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2014

**Transaction ID : SA11AI.6546**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Fellenz**

Mailing Address W1319 Auburn Ashford Rd

City State Zip Code  
Campbellsport WI 53010

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

Name of Employer Occupation  
BesTech Tool, Inc. Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.6552**

Amount of Each Receipt this Period  
250.00

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

Mailing Address W68 N275 Evergreen Blvd

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer Occupation  
Fleck Law Office Attorney at law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2014

**Transaction ID : SA11AI.7032**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 19 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joan Fleischman**

Mailing Address N622 US Hwy 45

City State Zip Code  
Campbelsport WI 53010

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

Name of Employer Occupation  
Campbelsport Building Supply Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 19 2014

**Transaction ID : SA11AI.7222**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott Flesner**

Mailing Address 1593 Whitetail Lane

City State Zip Code  
Cedarburg WI 53012

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

Name of Employer Occupation  
Ghrist Orthodontics Office Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 10 2014

**Transaction ID : SA11AI.6558**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**J. David Fuchs**

Mailing Address 125 W Glenview Ct

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 23 2014

**Transaction ID : SA11AI.7337**

Amount of Each Receipt this Period  
250.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Gavin**

Mailing Address P O Box 567

City State Zip Code  
Kewaskum WI 53040

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

Name of Employer Occupation  
Self Employed Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : SA11AI.6567**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Adam Gerol**

Mailing Address 11067 N Oriole Lane

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
State of Wisconsin Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
395.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7331**

Amount of Each Receipt this Period  
45.00

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

Mailing Address N978 Palmer Rd

City State Zip Code  
Cedar Grove WI 53013

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

Name of Employer Occupation  
State Farm Insurance Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : SA11AI.6569**

Amount of Each Receipt this Period  
250.00

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

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

1295.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Gohr**

Mailing Address 280 N Mountin Dr

City State Zip Code  
Mayville WI 53050

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.6900**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2788 Ridge Rd

City State Zip Code  
Kewskum WI 53040

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

Name of Employer Occupation  
West Bend Elevator, Inc. Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.7002**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 2788 Ridge Rd

City State Zip Code  
Kewaskum WI 53040

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

Name of Employer Occupation  
West Bend Elevator, Inc. Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.7001**

Amount of Each Receipt this Period  
400.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

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

Mailing Address One Cedar Parkway

City Jackson State WI Zip Code 53037

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

Name of Employer Rytek Corp Occupation Chariman/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7102**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Grossmeyer**

Mailing Address N68 W320 Palmeto Ct

City Cedarburg State WI Zip Code 53012

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

Name of Employer None Occupation Home Maker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.6969**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 13345 N Laurel Lane

City Mequon State WI Zip Code 53097

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

Name of Employer Northwestern Mutual Life Insur Occupation Investment Options Mgr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
407.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 03 / 2014

**Transaction ID : SA11AI.6809**

Amount of Each Receipt this Period  
45.00  
In-kind - Candy for Parade

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

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

1145.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Grant Grothman**

Mailing Address 13345 N Laurel Lane

City Mequon State WI Zip Code 53097

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

Name of Employer Northwestern Mutual Life Insur Occupation Investment Options Mgr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **507.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 19 / 2014

**Transaction ID : SA11AI.7227**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Harold Grothman**

Mailing Address 621 Grand Ave

City Thiensville State WI Zip Code 53092

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7332**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address 621 Grand Ave

City Thiensville State WI Zip Code 53092

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6880**

Amount of Each Receipt this Period  
**550.00**

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

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joan Grothman**

Mailing Address 621 Grand Ave

City Thiensville State WI Zip Code 53092

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7334**

Amount of Each Receipt this Period  
 850.00

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Jon Hammes**

Mailing Address 7224 Highland Rd

City Mequon State WI Zip Code 53092

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

Name of Employer Hammes Company Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7247**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 8610 W Hawthorne Rd

City Mequon State WI Zip Code 53097

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

Name of Employer Mortgagebot, LLC Occupation CEO/President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7192**

Amount of Each Receipt this Period  
 2600.00

Amount of Each Receipt this Period  
 2600.00

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

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

3700.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Maureen Harder</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 441 Wildwood Ridge		<b>Transaction ID : SA11AI.6586</b>	
City Colgate	State WI	Zip Code 53017	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer None		Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Kevin Hermening</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 2245 Copunty Rd KK		<b>Transaction ID : SA11AI.7152</b>	
City Mosinee	State WI	Zip Code 54455	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Hermening Financial Group		Occupation Financial Planner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Georgia Herrera</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 301 N Vincennes		<b>Transaction ID : SA11AI.6962</b>	
City Racine	State WI	Zip Code 53402	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Law Offices of Georgia Herrera		Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Patty Hoggatt**

Mailing Address 340 Brookstone Dr

City Lake Mills State WI Zip Code 54551

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

Name of Employer Cambridge Library Occupation Librarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7335**

Amount of Each Receipt this Period  
 150.00

**B.** Full Name (Last, First, Middle Initial)  
**Joanne Holton**

Mailing Address 389 Horns Corners Rd

City Cedarburg State WI Zip Code 53012

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.7021**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address W4608 River Dr

City Fredonia State WI Zip Code 53021

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.6856**

Amount of Each Receipt this Period  
 200.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Jensen**

Mailing Address W5202 Larson Road

City Rio State WI Zip Code 53960

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

Name of Employer Self Employed Occupation Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.6898**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Joerres**

Mailing Address 102 N Water St, Unit 802

City Milwaukee State WI Zip Code 53202

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

Name of Employer Manpower Group Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7301**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 10437 N Gazego Hill Pkwy

City Mequon State WI Zip Code 53092

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.7025**

Amount of Each Receipt this Period  
**500.00**

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

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

**1050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Cynthia Johnson**

Mailing Address W65 N781 Washington Ave

City Cedarburg State WI Zip Code 53012

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

Name of Employer None Occupation Home Maker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **212.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.7287**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 3488 Townline Road

City West Bend State WI Zip Code 53095

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

Name of Employer West Bend Sand & Stone, Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 13 / 2014

**Transaction ID : SA11AI.6864**

Amount of Each Receipt this Period  
**2250.00**

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

Mailing Address 5426 Woodland Summit

City West Bend State WI Zip Code 53095

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

Name of Employer Johnson School Bus Service Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.6926**

Amount of Each Receipt this Period  
**525.00**

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

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

**2875.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lee Jost**

Mailing Address W51 N608 Cedar Reserve Cir

City Cedarburg State WI Zip Code 53012

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6612**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Alan Kastelic**

Mailing Address 265 Huntington Dr

City Cedarburg State WI Zip Code 53012

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

Name of Employer Construction Forms, Inc. Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11AI.7023**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert L Keller**

Mailing Address P OBox 368

City Neenah State WI Zip Code 54957

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

Name of Employer J.J. Keller & Associates Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.7298**

Amount of Each Receipt this Period  
 2500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ted Kellner**

Mailing Address 5112 W Highland Rd

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
Fiduciary Management Executive/Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2014

**Transaction ID : SA11AI.7307**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Nadine Krahn**

Mailing Address W2479 Big Ben Rd

City State Zip Code  
Eden WI 53019

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

Name of Employer Occupation  
Fond du Lac Humane Society Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
209.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2014

**Transaction ID : SA11AI.6936**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 5694 Kilkenny Pl

City State Zip Code  
Fitchburg WI 53711

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

Name of Employer Occupation  
WCRIS Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : SA11AI.6860**

Amount of Each Receipt this Period  
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David Lammers</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2014	
Mailing Address 813 Detroit St		<b>Transaction ID : SA11AI.7218</b>	
City Sheboygan Falls	State WI	Zip Code 53085	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 600.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Lammers</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2014	
Mailing Address N2175 Rauwerdink Road		<b>Transaction ID : SA11AI.7217</b>	
City Oostburg	State WI	Zip Code 53070	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00	
Name of Employer Lammers Farms	Occupation Farming		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

Full Name (Last, First, Middle Initial) <b>C. Sara Lammers</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2014	
Mailing Address N2175 Rauwerdink Road		<b>Transaction ID : SA11AI.7216</b>	
City Oostburg	State WI	Zip Code 53070	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00	
Name of Employer Lammers Farms	Occupation Farming		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Patricia Landolt</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 1513 Clairville Rd		<b>Transaction ID : SA11AI.6885</b>	
City Oshkosh	State WI	Zip Code 54904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Kathleen Lawlor</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2014	
Mailing Address 10425 Birch Ct		<b>Transaction ID : SA11AI.6643</b>	
City Mequon	State WI	Zip Code 53092	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer None	Occupation Home Maker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 380.00		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Lawlor</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 10425 Birch Ct		<b>Transaction ID : SA11AI.7316</b>	
City Mequon	State WI	Zip Code 53092	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer None	Occupation Home Maker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 580.00		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Leavell</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 301 N Vincennes		<b>Transaction ID : SA11AI.6960</b>	
City Racine	State WI	Zip Code 53402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Jeffrey Leavell, S.C.	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Leavell</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 301 N Vincennes		<b>Transaction ID : SA11AI.7160</b>	
City Racine	State WI	Zip Code 53402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Jeffrey Leavell, S.C.	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Eleanor D Lee</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 1930 W River Bend Ct		<b>Transaction ID : SA11AI.6646</b>	
City Mequon	State WI	Zip Code 53092	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Leonard**

Mailing Address 3202 P St NW

City Washington State DC Zip Code 20007

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

Name of Employer Shirley & Bannister Public Aff Occupation Business Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : SA11AI.7085**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2331 Skylark Dr

City Appleton State WI Zip Code 54914

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

Name of Employer The John Birch Society Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7249**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 4837 Mueller Lane

City West Bend State WI Zip Code 53095

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

Name of Employer Westbury Bank Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2014

**Transaction ID : SA11AI.6654**

Amount of Each Receipt this Period  
 250.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Lundman**

Mailing Address W3631 Fredonia Kohler Rd

City Fredonia State WI Zip Code 53021

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

Name of Employer Petersen Resources LLC Occupation General Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : SA11AI.6656**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Susan Maguire**

Mailing Address 359 W Thornapple Lane

City Grafton State WI Zip Code 53024

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.7297**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address W241 N7550 N Woodsviow Dr

City Sussex State WI Zip Code 53089

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

Name of Employer Sussex Injection Molding, Inc. Occupation Human Resources

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6951**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Pamela McGuire**

Mailing Address W241 N7550 N Woodsvievw Dr

City State Zip Code  
Sussex WI 53089

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

Name of Employer Occupation  
Sussex Injection Molding, Inc. Human Resources

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7317**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Meeusen**

Mailing Address W289 N3414 Lost Creek Ct

City State Zip Code  
Pewaukee WI 53072

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

Name of Employer Occupation  
Badger Meter, Inc. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7103**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1408 Pioneer Rd

City State Zip Code  
Grafton WI 53024

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

Name of Employer Occupation  
Fire Ridge Golf Club Business Owner - Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6668**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Samuel Meyer</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 42 N Main St		<b>Transaction ID : SA11AI.7028</b>
City Fond du Lac	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer State Farm Insurance	Occupation Insurance Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Annemarie Michalak</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 459 Abbott Ave		<b>Transaction ID : SA11AI.7041</b>
City Hartford	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer US Post Office	Occupation Postal Worker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Claudette Moll</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 8318 Hilltop Lane		<b>Transaction ID : SA11AI.6954</b>
City Kewaskum	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 771.20	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**George Muth**

Mailing Address 890 County Road A

City State Zip Code  
West Bend WI 53090

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

Name of Employer Occupation  
Self Employed, Cedar Lawn Farm Dairy Farming

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2014

**Transaction ID : SA11AI.7066**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry O'Connor**

Mailing Address N11346 Ott Dr

City State Zip Code  
Waupun WI 53963

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

Name of Employer Occupation  
National Bank of Waupun Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2014

**Transaction ID : SA11AI.7291**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**JohnJ. O'Hare**

Mailing Address 5006 W Parkview Dr

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
Merrill Lynch Wealth Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2014

**Transaction ID : SA11AI.7260**

Amount of Each Receipt this Period  
1000.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Laura Otten**

Mailing Address 2522 S 7th St

City Sheboygan State WI Zip Code 53081

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

Name of Employer Osthof Resort Occupation Marketing Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : SA11AI.6445**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Laura Otten**

Mailing Address 2522 S 7th St

City Sheboygan State WI Zip Code 53081

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

Name of Employer Osthof Resort Occupation Marketing Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6940**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 514 Fairview Ave

City Ripon State WI Zip Code 54971

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

Name of Employer AFK Corp. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2014

**Transaction ID : SA11AI.6682**

Amount of Each Receipt this Period  
 500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Prentice**

Mailing Address 514 Fairview Ave

City Ripon State WI Zip Code 54971

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

Name of Employer AFK Corp. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.7008**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Fred Raatz**

Mailing Address 705 Riverview Dr

City Thiensville State WI Zip Code 53092

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6243**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Gary M Reynolds**

Mailing Address W305 N1663 Silverwood Lane

City Delafield State WI Zip Code 53018

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

Name of Employer GMR Marketing Occupation Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6911**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John Richmond</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2014	
Mailing Address 9550 Stonegate Rd		<b>Transaction ID : SA11AI.7228</b>	
City Cedarburg State WI Zip Code 53012	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed Occupation Money Management		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. John Rinke</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 3692 Pleasant Valley Road		<b>Transaction ID : SA11AI.7114</b>	
City Jackson State WI Zip Code 53037	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer None Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Gloria B. Sarah</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 122 Wisconsin St		<b>Transaction ID : SA11AI.7143</b>	
City Fredonia State WI Zip Code 53021	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer None Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1600.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 78			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Pamela Schlenvogt**

Mailing Address 4250 Hwy H

City State Zip Code  
Port Washington WI 53074

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

Name of Employer Occupation  
The Laureate Group Marketing Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2014

**Transaction ID : SA11AI.7204**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Marie Schmidt**

Mailing Address 5778 Apple Blossom Lane

City State Zip Code  
West Bend WI 53095

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

Name of Employer Occupation  
Self Employed Day Trader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2014

**Transaction ID : SA11AI.6835**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 585 Ashbury Dr

City State Zip Code  
Fond du Lac WI 54935

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.6707**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Schmitz**

Mailing Address 585 Ashbury Dr

City State Zip Code  
Fond du Lac WI 54935

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11AI.6708**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Carol Schneider**

Mailing Address 1074 Ulao Pkwy

City State Zip Code  
Grafton WI 53024

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

Name of Employer Occupation  
Seek, Inc. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2014

**Transaction ID : SA11AI.6870**

Amount of Each Receipt this Period  
500.00

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

Mailing Address N637 Six Mile Road

City State Zip Code  
Cedar Grove WI 53013

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

Name of Employer Occupation  
Self Employed Bookkeeper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2014

**Transaction ID : SA11AI.7275**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ken Seidl**

Mailing Address 162 Bley Pkwy

City State Zip Code  
Port Washington WI 53074

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

Name of Employer Occupation  
Raffel Systems Sales/Engineering

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA11AI.7113**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 119 E Railroad Ave

City State Zip Code  
St Cloud WI 53079

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

Name of Employer Occupation  
Self Employed Funeral Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 19 / 2014

**Transaction ID : SA11AI.7194**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7149 W Ridgeview Dr

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
Sommers Automotive Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7327**

Amount of Each Receipt this Period  
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Walter Sommer**

Mailing Address 3918 W Sherbrooke Dr

City Mequon State WI Zip Code 53092

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

Name of Employer Sommers Automotive Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7320**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Chester Sowin**

Mailing Address 14017 N Port Washington Rd

City Mequon State WI Zip Code 53097

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

Name of Employer Petersen Products Occupation Info requested per best efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7238**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1632 W Edward Dr

City Mequon State WI Zip Code 53092

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

Name of Employer A New Home Health Care Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6723**

Amount of Each Receipt this Period  
 2500.00

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

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

3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

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

Mailing Address N7090 Cty Rd E

City Plymouth State WI Zip Code 53073

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

Name of Employer Self Employed Occupation Farming & General Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6443**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lori Steenbergen**

Mailing Address W11519 Hawthorne Dr

City Waupun State WI Zip Code 53963

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

Name of Employer Self Employed Occupation Mfg. Business

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11AI.6896**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 11700 N Wasaukee Rd

City Mequon State WI Zip Code 53097

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

Name of Employer Matenaer Corp Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2014

**Transaction ID : SA11AI.6733**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joanne K Terry**

Mailing Address 11648 N Granville Rd

City Mequon State WI Zip Code 53097

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7315**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 4983 Lake Dr

City West Bend State WI Zip Code 53095

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

Name of Employer Serigraph Sales Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : SA11AI.6746**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**S. Mark Tyler**

Mailing Address 1466 County Road DD

City Woodville State WI Zip Code 54028

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

Name of Employer OEM Fabricators Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7100**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Bernard Van Dinter**

Mailing Address 8081 Fielding Lane

City Greendale State WI Zip Code 53129

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : SA11AI.6750**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Catherine Ver Velde**

Mailing Address W1405 Wykhuis Lane

City Oostburg State WI Zip Code 53070

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6755**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 5105 Wickert Dr

City West Bend State WI Zip Code 53095

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

Name of Employer DACO Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7105**

Amount of Each Receipt this Period  
 500.00

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

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

950.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Weir**

Mailing Address N70 W5426 Bywater Lane

City Cedarburg State WI Zip Code 53012

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

Name of Employer Weir Financial Occupation Investment Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 12 / 2014

**Transaction ID : SA11AI.6868**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 12430 N Madero Dr

City Mequon State WI Zip Code 53092

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

Name of Employer Wells Fargo Occupation Wealth Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.7329**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 539 Green Bay Road

City Thiensville State WI Zip Code 53092

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.6981**

Amount of Each Receipt this Period  
 200.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rachel Wolf**

Mailing Address 120 Park Ct

City Slinger State WI Zip Code 53086

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

Name of Employer Benefits Manager Occupation E H Wolf & Sons, Inc.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : SA11AI.6440**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Karen Wollner**

Mailing Address 8309 Hwy 144

City Kewaskum State WI Zip Code 53040

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : SA11AI.6763**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 9018 Hickory Dr

City Kewaskum State WI Zip Code 53040

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

Name of Employer Wollner Plumbing & Excavating Occupation Plumber/Excavator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 12 / 2014

**Transaction ID : SA11AI.6764**

Amount of Each Receipt this Period  
 250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

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

Mailing Address 2288 Pleasant Valley Road

City Jackson State WI Zip Code 53037

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

Name of Employer Wisconsin Pharmacal Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.7097**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Christine Zainer**

Mailing Address 737 Robertson St

City Wauwatosa State WI Zip Code 53213

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : SA11AI.6766**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 785 Hawthorne Lane

City Hartford State WI Zip Code 53027

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

Name of Employer Zignego Ready Mix, Inc. Occupation Road Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6772**

Amount of Each Receipt this Period  
 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

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

Mailing Address 5899 E Waterford Rd

City State Zip Code  
Hartford WI 53027

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

Name of Employer Occupation  
Zignego Ready Mix, Inc. Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6768**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Zignego**

Mailing Address 5197 Hwy E

City State Zip Code  
Slinger WI 53086

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

Name of Employer Occupation  
Zignego Ready Mix, Inc. Road Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6770**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2474 Powder Hill Rd

City State Zip Code  
Hartford WI 53027

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

Name of Employer Occupation  
Zignego Company, Inc. Road Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : SA11AI.6774**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

72374.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Carol Kelso**

Mailing Address 11320 N Crestview Dr

City State Zip Code  
Fountain Hills AZ 85268

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 10 / 2014

**Transaction ID : SA11C.6622**

Amount of Each Receipt this Period  
1000.00

Acceptable Funds Verified

**B.** Full Name (Last, First, Middle Initial)  
**Honadel for Assembly**

Mailing Address 1219 Manitoba Ave

City State Zip Code  
South Milwaukee WI 53172

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : SA11C.6599**

Amount of Each Receipt this Period  
1000.00

Acceptable Funds Verified

**C.** Full Name (Last, First, Middle Initial)  
**Michael Schraa for Assembly**

Mailing Address 220 Wyldberrry Lane

City State Zip Code  
Oshkosh WI 54904

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : SA11C.6946**

Amount of Each Receipt this Period  
500.00

Acceptable Funds Verified

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
WISCONSIN MEDICAL SOCIETY FEDERAL POLITICAL ACTION COMMITTEE AKA WISMEDFEDPAC

Mailing Address 330 EAST LAKESIDE STREET

City State Zip Code  
MADISON WI 53715

FEC ID number of contributing federal political committee. **C** C00548438

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 14 2014  
**Transaction ID : SA11C.7389**

Amount of Each Receipt this Period  
 100.00  
 Total Earmarked through Conduit. PAC limit not affected.  
**[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

Date of Receipt  
 M M M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 78
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Glenn S Grothman**

Mailing Address PO Box 1215

City State Zip Code  
Fond du Lac WI 54936

FEC ID number of contributing federal political committee. **C H4WI06048**

Name of Employer Occupation  
State of Wisconsin State Senator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : SA13A.7056**

Amount of Each Receipt this Period  
90000.00

**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 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 Y Y

Amount of Each Receipt this Period

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

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

90000.00

90000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Candidate Command LLC**

Mailing Address 1831 NW V

City Riverside State MO Zip Code 64150

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : SA14.7272**

Amount of Each Receipt this Period  
 3159.00

Refund

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

Mailing Address 1126 S Koeller Ave

City Oshkosh State WI Zip Code 54901

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : SA14.7371**

Amount of Each Receipt this Period  
 238.00

Refund/return of purchase

**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 Y Y

Amount of Each Receipt this Period

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

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

3397.00

3397.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 5555 Hilton Ave, Suite 106		Amount of Each Disbursement this Period 190.86 <b>Transaction ID : SB17.6991</b>
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 001
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) 2014	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 5555 Hilton Ave, Suite 106		Amount of Each Disbursement this Period 264.81 <b>Transaction ID : SB17.6830</b>
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 5555 Hilton Ave, Suite 106		Amount of Each Disbursement this Period 45.75 <b>Transaction ID : SB17.6983</b>
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	501.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 5555 Hilton Ave, Suite 106		Amount of Each Disbursement this Period 215.02 <b>Transaction ID : SB17.7091</b>
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 5555 Hilton Ave, Suite 106		Amount of Each Disbursement this Period 127.65 <b>Transaction ID : SB17.7120</b>
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 5555 Hilton Ave, Suite 106		Amount of Each Disbursement this Period 132.25 <b>Transaction ID : SB17.7157</b>
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	474.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Axiom Strategies</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1251 NW braircliff Pkwy, Ste85		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.6782</b>
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement Campaign Consulting Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Candidate Command LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1831 NW V		Amount of Each Disbursement this Period 2234.85 <b>Transaction ID : SB17.6805</b>
City Riverside	State MO	
Zip Code 64150	Purpose of Disbursement Robo Calls	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Candidate Command LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2014
Mailing Address 1831 NW V		Amount of Each Disbursement this Period 2573.00 <b>Transaction ID : SB17.6807</b>
City Riverside	State MO	
Zip Code 64150	Purpose of Disbursement Palm Cards	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7307.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Candidate Command LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014		
Mailing Address 1831 NW V			Amount of Each Disbursement this Period 15477.00		
City Riverside	State MO	Zip Code 64150	Transaction ID : SB17.7057		
Purpose of Disbursement Mailing		003 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Fox Graphics</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014		
Mailing Address 3978 State Road 21, Suite D			Amount of Each Disbursement this Period 75.13		
City Oshkosh	State WI	Zip Code 54904	Transaction ID : SB17.6818		
Purpose of Disbursement Shirts		004 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Adam Gibbs</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014		
Mailing Address 830 Emerson St			Amount of Each Disbursement this Period 800.00		
City Madison	State WI	Zip Code 53715	Transaction ID : SB17.6793		
Purpose of Disbursement Campaign Consulting Fees		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16352.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Adam Gibbs</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014		
Mailing Address 830 Emerson St			Amount of Each Disbursement this Period 419.22		
City Madison	State WI	Zip Code 53715	Transaction ID : SB17.7403		
Purpose of Disbursement Reimbursement of Non-Travel Advance (Itemized Below)		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. US Post Office</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014		
Mailing Address 99 W Second St			Amount of Each Disbursement this Period 18.83		
City Fond du Lac	State WI	Zip Code 55935	Transaction ID : SB17.7403.1		
Purpose of Disbursement Postage		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. US Post Office</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014		
Mailing Address 99 W Second St			Amount of Each Disbursement this Period 392.00		
City Fond du Lac	State WI	Zip Code 55935	Transaction ID : SB17.7403.2		
Purpose of Disbursement Postage		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	419.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Adam Gibbs</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 830 Emerson St		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.6821</b>
City Madison State WI Zip Code 53715	Purpose of Disbursement Campaign Consulting Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Adam Gibbs</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2014
Mailing Address 830 Emerson St		Amount of Each Disbursement this Period 588.00 <b>Transaction ID : SB17.6822</b>
City Madison State WI Zip Code 53715	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Adam Gibbs</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2014
Mailing Address 830 Emerson St		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.6823</b>
City Madison State WI Zip Code 53715	Purpose of Disbursement Campaign Consulting Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2188.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. On Message Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 705 Melvin Ave #105		Amount of Each Disbursement this Period 61086.00 <b>Transaction ID : SB17.6988</b>
City Annapolis State MD Zip Code 21401	Purpose of Disbursement Polling 005 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Oregon Apartments</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1113 Oregon St		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.6792</b>
City Oshkosh State WI Zip Code 54902	Purpose of Disbursement Office Rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Smart Media Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1427 Leslie Avenue Suite 100		Amount of Each Disbursement this Period 45055.00 <b>Transaction ID : SB17.6986</b>
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Media Advertising 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61086.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 1126 S Koeller Ave		Amount of Each Disbursement this Period 87.12
City Oshkosh State WI Zip Code 54901	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17.6798</b>

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1126 S Koeller Ave		Amount of Each Disbursement this Period 129.92
City Oshkosh State WI Zip Code 54901	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17.7054</b>

Full Name (Last, First, Middle Initial) <b>c. The Marek Group Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address W228 N821 Westmound Dr		Amount of Each Disbursement this Period 393.72
City Waukesha State WI Zip Code 53186	Purpose of Disbursement Bumper Stickers & Lagels Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : SB17.6806</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	610.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Marek Group Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address W228 N821 Westmound Dr		Amount of Each Disbursement this Period 2679.24
City Waukesha State WI Zip Code 53186	Purpose of Disbursement Mailing 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7350
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address P O Box 1130		Amount of Each Disbursement this Period 84.49
City Oshkosh State WI Zip Code 54903	Purpose of Disbursement Internet Service 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6804
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 99 W Second St		Amount of Each Disbursement this Period 196.00
City Fond du Lac State WI Zip Code 55935	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6786
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2959.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Post Office</b>		Date of Disbursement
Mailing Address 99 W Second St		M M / D D / Y Y Y Y 07 / 06 / 2014
City Fond du Lac	State WI	Zip Code 55935
Purpose of Disbursement Postage	Category/ Type 001	Amount of Each Disbursement this Period 245.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

**Transaction ID : SB17.6790**

Full Name (Last, First, Middle Initial) <b>B. US Post Office</b>		Date of Disbursement
Mailing Address 99 W Second St		M M / D D / Y Y Y Y 07 / 07 / 2014
City Fond du Lac	State WI	Zip Code 55935
Purpose of Disbursement Postage	Category/ Type 001	Amount of Each Disbursement this Period 20.09
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

**Transaction ID : SB17.6791**

Full Name (Last, First, Middle Initial) <b>c. US Post Office</b>		Date of Disbursement
Mailing Address 99 W Second St		M M / D D / Y Y Y Y 07 / 14 / 2014
City Fond du Lac	State WI	Zip Code 55935
Purpose of Disbursement Postage	Category/ Type 002	Amount of Each Disbursement this Period 40.88
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

**Transaction ID : SB17.6817**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	305.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 420 E Lake St		Amount of Each Disbursement this Period 245.00
City Horicon	State WI	
Zip Code 53032	Purpose of Disbursement Postage	<b>Transaction ID : SB17.7053</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 99 W Second St		Amount of Each Disbursement this Period 7.28
City Fond du Lac	State WI	
Zip Code 55935	Purpose of Disbursement Postage	<b>Transaction ID : SB17.7092</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 99 W Second St		Amount of Each Disbursement this Period 107.80
City Fond du Lac	State WI	
Zip Code 55935	Purpose of Disbursement Postage	<b>Transaction ID : SB17.7122</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	360.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 99 W Second St		Amount of Each Disbursement this Period 0.98 <b>Transaction ID : SB17.7123</b>
City Fond du Lac	State WI	
Zip Code 55935	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 86.07 <b>Transaction ID : SB17.6788</b>
City Madison	State WI	
Zip Code 53718	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.6789</b>
City Madison	State WI	
Zip Code 53718	Purpose of Disbursement Campaign Consulting Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	737.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 114.71 <b>Transaction ID : SB17.6794</b>
City Madison State WI Zip Code 53718	Purpose of Disbursement Reimbursement for Website Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 114.71 <b>Transaction ID : SB17.6794.0</b> <b>[MEMO ITEM]</b>
City Los Angeles State WI Zip Code 90013	Purpose of Disbursement Google Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.6993</b>
City Madison State WI Zip Code 53718	Purpose of Disbursement Campaign Consulting Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	764.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 19.20 <b>Transaction ID : SB17.6801</b>
City Madison	State WI	
Zip Code 53718	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.6824</b>
City Madison	State WI	
Zip Code 53718	Purpose of Disbursement Campaign Consulting Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 34.65 <b>Transaction ID : SB17.7058</b>
City Madison	State WI	
Zip Code 53718	Purpose of Disbursement Reimbursement (Below Itemization Threshold)	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	703.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 11.56 <b>Transaction ID : SB17.7059</b>
City Madison State WI Zip Code 53718	Purpose of Disbursement Reimbursement (Below Itemization Threshold) Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brandon VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 18.81 <b>Transaction ID : SB17.7124</b>
City Madison State WI Zip Code 53718	Purpose of Disbursement Reimbursement for Parade Candy Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014
Mailing Address 351 S Washburn St		Amount of Each Disbursement this Period 18.81 <b>Transaction ID : SB17.7124.0</b> <b>[MEMO ITEM]</b>
City Oshkosh State WI Zip Code 54904	Purpose of Disbursement Parade Candy Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rachel VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6802</b>
City Madison State WI Zip Code 53718	Purpose of Disbursement Campaign Consulting Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rachel VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6803</b>
City Madison State WI Zip Code 53718	Purpose of Disbursement Campaign Consulting Fees	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rachel VerVelde</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2014
Mailing Address 747 North Star Dr		Amount of Each Disbursement this Period 620.79 <b>Transaction ID : SB17.6800</b>
City Madison State WI Zip Code 53718	Purpose of Disbursement Mileage Reimbursement	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2620.79
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rachel VerVelde</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 747 North Star Dr			Amount of Each Disbursement this Period 1000.00	
City Madison	State WI	Zip Code 53718	Transaction ID : SB17.6825	
Purpose of Disbursement Campaign Consulting Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 351 S Washburn St			Amount of Each Disbursement this Period 265.99	
City Oshkosh	State WI	Zip Code 54904	Transaction ID : SB17.6787	
Purpose of Disbursement Parade Candy		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014	
Mailing Address 351 S Washburn St			Amount of Each Disbursement this Period 5.19	
City Oshkosh	State WI	Zip Code 54904	Transaction ID : SB17.6799	
Purpose of Disbursement Office Supplies		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1271.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GLENN GROTHMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 351 S Washburn St		Amount of Each Disbursement this Period 14.57
City Oshkosh	State WI	
Zip Code 54904	Purpose of Disbursement Office supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 351 S Washburn St		Amount of Each Disbursement this Period 98.44
City Oshkosh	State WI	
Zip Code 54904	Purpose of Disbursement Candy for Parades	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	113.01
<b>TOTAL</b> This Period (last page this line number only).....	98807.04

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

NAME OF COMMITTEE (In Full) **GLENN GROTHMAN FOR CONGRESS** Transaction ID : **SC/10.4317**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Glenn S Grothman**  Primary  
 Mailing Address PO Box 1215  General  
 Other (specify) ▼

City State ZIP Code  
 Fond du Lac WI 54936

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 04 / D 04 / Y 2014	Date Due M M / D D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------------	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **GLENN GROTHMAN FOR CONGRESS** Transaction ID : **SC/10.7056**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Glenn S Grothman</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1215		
City Fond du Lac	State WI	ZIP Code 54936

Original Amount of Loan 90000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 90000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 07 / D 18 / Y 2014	Date Due M / D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	90000.00
<b>TOTALS</b> This Period (last page in this line only).....	100000.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 77 OF 78
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**GLENN GROTHMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Candidate Command LLC</b>		Nature of Debt (Purpose): Mailer
Mailing Address 1831 NW V		
City	State	Zip Code
Riverside	MO	64150

Outstanding Balance Beginning This Period	Transaction ID : SD10.7407	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
15477.00	0.00	15477.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pointer Marketing Inc</b>		Nature of Debt (Purpose): Fundraising Mailing
Mailing Address 7019 State Road 144N		
City	State	Zip Code
West Bend	WI	53090

Outstanding Balance Beginning This Period	Transaction ID : SD10.6431	
5000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RedPrint Strategy LLC</b>		Nature of Debt (Purpose): Advertisement production
Mailing Address 311 S Fillmore St		
City	State	Zip Code
Arlington	WI	22204

Outstanding Balance Beginning This Period	Transaction ID : SD10.7409	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
8020.00	0.00	8020.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	28497.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	28497.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	100000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	128497.00

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

Form/Schedule: SD10

Transaction ID : SD10.6431

The Committee has a bona fide disagreement with the vendor as to the amount owed by the Committee. The vendor claims a debt of \$7,445.60, the Committee believes that \$5,000 is a more appropriate amount. This disclosure is made to comply with the requirements of the Act and is not an admission of liability or a waiver of any claims against the vendor.

Form/Schedule:

Transaction ID: