

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Republican Party of Wisconsin

ADDRESS (number and street) 148 E. Johnson Street  
 Check if different than previously reported. (ACC)  
Madison WI 53703

2. **FEC IDENTIFICATION NUMBER** C00074450  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2010 through 08 31 2010

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 Cathy Stepp

Signature of Treasurer Electronically Filed by Cathy Stepp Date 09 20 2010

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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**FEC FORM 3X**  
(Rev. 12/2004)

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

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		353297.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	381447.94									
(c) Total Receipts (from Line 19) .....	212344.76	1181157.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	593792.70	1534454.64								
7. Total Disbursements (from Line 31) .....	191325.92	1131987.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	402466.78	402466.78								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	38251.00	275642.00
(ii) Unitemized .....	101542.51	584418.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	139793.51	860060.83
(b) Political Party Committees .....	0.00	20500.00
(c) Other Political Committees (such as PACs) .....	13450.00	91750.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	153243.51	972310.83
12. Transfers From Affiliated/Other Party Committees .....	58000.00	202461.12
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1101.25	3385.45
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	3000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	3000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	212344.76	1181157.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	212344.76	1178157.40

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1920.40	42474.05
(ii) Non-Federal Share.....	7224.37	121104.87
(b) Other Federal Operating Expenditures.....	51410.28	384780.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	60555.05	548359.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1700.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	100.00	1800.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	130670.87	581828.82
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	130670.87	581828.82
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	191325.92	1131987.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184101.55	1010882.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	153243.51	972310.83
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	1800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	153143.51	970510.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	53330.68	427254.17
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1101.25	3385.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52229.43	423868.72

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Dr. Vicki Amundson

Mailing Address 842 N. 8th St

City State Zip Code  
Black River Falls WI 54615-9107

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wausau Ins. Co,s Cash Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 23 / 2010  
**Transaction ID:** SA11AI.107105  
 Amount of Each Receipt this Period 150.00  
 Contribution

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

Mailing Address 2722 N 10th St Apt 202

City State Zip Code  
Sheboygan WI 53083-4028

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 23 / 2010  
**Transaction ID:** SA11AI.105989  
 Amount of Each Receipt this Period 50.00

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

Mailing Address 1455 Karla Street

City State Zip Code  
Platteville WI 53818-1343

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2010  
**Transaction ID:** SA11AI.105977  
 Amount of Each Receipt this Period 150.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Bentley

Mailing Address 4080 N Port Washington Rd

City State Zip Code  
Milwaukee WI 53212-1132

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2010

**Transaction ID:** SA11AI.105927

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Marguerite Bessent

Mailing Address W338n5257 Township Rd O

City State Zip Code  
Nashotah WI 53058

FEC ID number of contributing federal political committee. C

Name of Employer Unknown Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2010

**Transaction ID:** SA11AI.106586

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Frederick Bowes

Mailing Address 705 Woodland Rd

City State Zip Code  
Kohler WI 53044

FEC ID number of contributing federal political committee. C

Name of Employer Mercury Racing Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2010

**Transaction ID:** SA11AI.106342

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Ellen Buck

Mailing Address 3601 Sunset Dr

City Madison State WI Zip Code 53705

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11AI.105445

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Campbell

Mailing Address 2340 Sisson Dr

City La Crosse State WI Zip Code 54601-6827

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

Name of Employer Unknown Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 23 / 2010

Transaction ID: SA11AI.105912

Amount of Each Receipt this Period 200.00

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

Mailing Address 1221 Tenny Ave

City Waukesha State WI Zip Code 53186

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 16 / 2010

Transaction ID: SA11AI.104467

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Harry Dahl		Date of Receipt
	Mailing Address PO Box 788		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	La Crosse	WI	54602
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.104053
		Amount of Each Receipt this Period	<input type="text"/>
			500.00
Name of Employer Dahl Ford La Crosse Inc		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			650.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Albert W. Davis		Date of Receipt
	Mailing Address 9248 Nebraska Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Cashton	WI	54619-6057
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.105569
		Amount of Each Receipt this Period	<input type="text"/>
			255.00
Name of Employer Unknown		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			280.00

<b>C.</b>	Full Name (Last, First, Middle Initial) James Davis		Date of Receipt
	Mailing Address 615 S Lake Shore Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lake Geneva	WI	53147-2124
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.106630
		Amount of Each Receipt this Period	<input type="text"/>
			100.00
Name of Employer N/A		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>
	855.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Ralph Eckert

Mailing Address 4766 Highland Park Drive

City Slinger State WI Zip Code 53086-9441

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

Transaction ID: SA11AI.106720

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 3205 N. Marietta Avenue

City Milwaukee State WI Zip Code 53211

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

Transaction ID: SA11AI.105584

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Fisch

Mailing Address 420 57th St. Unit 108

City Kenosha State WI Zip Code 53140-4250

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

Name of Employer Optometrist Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

Transaction ID: SA11AI.106612

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Jean Fishbune

Mailing Address 606 Lake St

City State Zip Code  
Tomah WI 54660-1435

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

Transaction ID: SA11AI.104832

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
William Flader

Mailing Address 17 Fuller Drive

City State Zip Code  
Madison WI 53704

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

Transaction ID: SA11AI.105532

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James Folz

Mailing Address 7229 University Ave

City State Zip Code  
Middleton WI 53562-2759

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

Name of Employer Custodian Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.106031

Amount of Each Receipt this Period  
200.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George Gaspar

Mailing Address 11444 N. Shorecliff Ln

City State Zip Code  
Mequon WI 53092-3524

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

Name of Employer Occupation  
Investment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

Transaction ID: SA11AI.105054

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 1326 Cass Street

City State Zip Code  
La Crosse WI 54601

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

Name of Employer Occupation  
Northern Engraving Corp. Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

Transaction ID: SA11AI.107027

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Ronetta Giese

Mailing Address 345 N. Clark St

City State Zip Code  
West Salem WI 54669-1103

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

Name of Employer Occupation  
Christian Chapel Day Care Pre-k Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

Transaction ID: SA11AI.104852

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Robert Goelz

Mailing Address 1765 Carriage Court

City State Zip Code  
Green Bay WI 54304

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

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.106587

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 31824 Muscovy Dr

City State Zip Code  
Hartland WI 53029

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

Name of Employer M & I Bank Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.106961

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary Hastrom

Mailing Address 10430 Eagle Lake Rd.

City State Zip Code  
Iron River WI 54847-4555

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

Name of Employer Information Requested Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.105053

Amount of Each Receipt this Period  
250.00

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

450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Charles Haubrich

Mailing Address 33343 Academy Road

City Burlington State WI Zip Code 53105-9614

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

Name of Employer Information Requested Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 11 / 2010  
Transaction ID: SA11AI.103987  
Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Sandra Hay

Mailing Address 9880 S. 35th St

City Franklin State WI Zip Code 53132-8863

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 09 / 2010  
Transaction ID: SA11AI.103745  
Amount of Each Receipt this Period: 100.00

**C.**

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

Mailing Address 512 Francis Ave

City Hudson State WI Zip Code 54016-8141

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

Name of Employer WBS Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 17 / 2010  
Transaction ID: SA11AI.104714  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

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

Mailing Address N4704 Pinecrest Dr

City State Zip Code  
Nashotah WI 53058-9709

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

Name of Employer Information Requested Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** SA11AI.106347

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Jordan

Mailing Address 7134 B Ida Rd Road

City State Zip Code  
Egg Harbor WI 54209

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

Name of Employer Information Requested Occupation  
Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

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

**Transaction ID:** SA11AI.106305

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathy Kiernan

Mailing Address 1751 Scenic Rd

City State Zip Code  
Richfield WI 53076-9604

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

Name of Employer N/A Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
498.00

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

**Transaction ID:** SA11AI.103844

Amount of Each Receipt this Period  
166.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **516.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

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

Mailing Address 5124 N. Ardmore Ave.

City State Zip Code  
Whitefish Bay WI 53217

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

Transaction ID: SA11AI.106089

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
George Leedle

Mailing Address N474 Armsby Road

City State Zip Code  
Lake Geneva WI 53147

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

Name of Employer Self Employed Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

Transaction ID: SA11AI.104964

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Craig Leipold

Mailing Address 555 Main Street Ste 500

City State Zip Code  
Racine WI 53403

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

Name of Employer Nashville Predators Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2010

Transaction ID: SA11AI.104005

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5085.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

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

Mailing Address PO Box 620994

City Middleton State WI Zip Code 53562-0994

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

Name of Employer North Central Management Inc Occupation Dev. & Mgmt.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2010

Transaction ID: SA11AI.103876

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Helen Loewi

Mailing Address 9621 North Lake Drive

City Milwaukee State WI Zip Code 53217

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

Name of Employer Milwaukee Resistor Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 09 / 2010

Transaction ID: SA11AI.103839

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Samuel Lowe

Mailing Address 3900 N Main St #112

City Racine State WI Zip Code 53402-3600

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11AI.105442

Amount of Each Receipt this Period 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Michael Mahoney  
Mailing Address 9731 N Hilltop Ln  
City Meguon State WI Zip Code 53092-5319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: SA11AI.106977  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thane Malmstone  
Mailing Address PO Box 253  
City Brookfield State WI Zip Code 53008-0253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unknown Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 27 / 2010  
Transaction ID: SA11AI.106554  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
David Martin  
Mailing Address PO Box 113  
City Muscoda State WI Zip Code 53573-0113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 08 / 27 / 2010  
Transaction ID: SA11AI.106719  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1125.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)

Thomas Maxwell

Mailing Address 2917 White St

City State Zip Code  
Marinette WI 54143-1133

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

Name of Employer Information Requested Occupation

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.104684

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Mayer

Mailing Address 318 Fond du Lac Ave

City State Zip Code  
Eden WI 53019

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

Name of Employer Self Occupation  
Veterinarian

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

Date of Receipt

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

Transaction ID: SA11AI.105540

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Miller

Mailing Address P.O. Box 5035

City State Zip Code  
De Pere WI 54115

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

Name of Employer Retired Occupation  
Retired

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.106193

Amount of Each Receipt this Period

250.00

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

450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald Mueller	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 822 Maple Dr	<b>Transaction ID:</b> SA11AI.105917
	City State Zip Code St Croix Falls WI 54024-9004	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Information requested Occupation Information requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Muench	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 19070 Stonehedge Dr	<b>Transaction ID:</b> SA11AI.104644
	City State Zip Code Brookfield WI 53045	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Murphy	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address N267 W2899 Woodland Drive	<b>Transaction ID:</b> SA11AI.105995
	City State Zip Code Pewaukee WI 53072	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Care-Age of Brookfield Occupation Nursing Homes Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Amy Oehlke

Mailing Address PO Box 6

City Exeland State WI Zip Code 54835-0006

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 18 / 2010  
**Transaction ID:** SA11AI.105144  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Oneida Tribe of Indians of WI

Mailing Address PO Box 365

City Oneida State WI Zip Code 54155

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 08 / 30 / 2010  
**Transaction ID:** SA11AI.107326  
 Amount of Each Receipt this Period: 3000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Oneida Tribe of Indians of WI

Mailing Address PO Box 365

City Oneida State WI Zip Code 54155

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt: 08 / 30 / 2010  
**Transaction ID:** SA11AI.107327  
 Amount of Each Receipt this Period: 3000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Louise Pacholik

Mailing Address W5665 Young Rd

City State Zip Code  
Palmyra WI 53156-9405

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

Name of Employer Information Requested Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

**Transaction ID:** SA11AI.106840

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Stanley Payne

Mailing Address 3917 Plymouth Cir

City State Zip Code  
Madison WI 53705

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

Name of Employer University of WI Occupation  
Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

**Transaction ID:** SA11AI.106419

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 3123 Harlan Cir

City State Zip Code  
Fitchburg WI 53711-7204

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

Name of Employer Unknown Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

**Transaction ID:** SA11AI.105398

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Patricia Reigle  
Mailing Address PO Box 67  
City Kewaskum State WI Zip Code 53040-0067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 08 / 06 / 2010  
Transaction ID: SA11AI.103655  
Amount of Each Receipt this Period 220.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry Reynolds  
Mailing Address N56 W12546 Silver Spring Road  
City Menomonee Falls State WI Zip Code 53051-6114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Excavating Contractor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 08 / 18 / 2010  
Transaction ID: SA11AI.104907  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. L. Rogge  
Mailing Address W3798 Hidden River Rd  
City West Salem State WI Zip Code 54669-9206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 17 / 2010  
Transaction ID: SA11AI.104854  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 370.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

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

Mailing Address 1655 Connors Road

City Marshall State WI Zip Code 53559-9729

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 19 / 2010

Transaction ID: SA11AI.105417

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Schmitz

Mailing Address 500 E Juniper Ct

City Mequon State WI Zip Code 53092

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2010

Transaction ID: SA11AI.103701

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 1011 W Lincoln Ave

City Port Washington State WI Zip Code 53074

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

Name of Employer Self Occupation Self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 20 / 2010

Transaction ID: SA11AI.105615

Amount of Each Receipt this Period 100.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address 15270 Briaridge Ct

City State Zip Code  
Elm Grove WI 53122

FEC ID number of contributing federal political committee. C

Name of Employer Executive      Occupation

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      10000.00

Date of Receipt  
08 / 19 / 2010  
**Transaction ID:** SA11AI.105316  
 Amount of Each Receipt this Period  
10000.00

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

Mailing Address 1312 W Grand Ave

City State Zip Code  
Port Washington WI 53074

FEC ID number of contributing federal political committee. C

Name of Employer Harborside Ltd      Occupation Motel Owner

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
08 / 24 / 2010  
**Transaction ID:** SA11AI.106206  
 Amount of Each Receipt this Period  
100.00

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

Mailing Address 3605 W Grace Ave

City State Zip Code  
Mequon WI 53092-2758

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested      Occupation

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2500.00

Date of Receipt  
08 / 19 / 2010  
**Transaction ID:** SA11AI.105218  
 Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 12600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Ms. Theresa Starr

Mailing Address P o Box 826

City State Zip Code  
Sturgeon Bay WI 54235-0826

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** SA11AI.105564

Amount of Each Receipt this Period  
100.00

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

Mailing Address 294 Little Harbour La.

City State Zip Code  
Naples FL 34102-7604

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

Name of Employer Manager Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.106798

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1435 Feneva National Ave N

City State Zip Code  
Lake Geneva WI 53147

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** SA11AI.107054

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Faye Waclawski

Mailing Address 1879 Shady Ln

City State Zip Code  
Grafton WI 53024-9526

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

Name of Employer Self - Pharmacy Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1305.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

Transaction ID: SA11AI.106645

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald Wendorff

Mailing Address 5314 W Terry Ave

City State Zip Code  
Milwaukee WI 53223-3066

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

Transaction ID: SA11AI.105514

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
William Wessels

Mailing Address 4002 Mountain Ln

City State Zip Code  
Wausau WI 54401-9200

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

Name of Employer Information Requested Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

Transaction ID: SA11AI.105441

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert Westervelt	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 4817 Fond Du Lac Trl	<b>Transaction ID:</b> SA11AI.106207
	City State Zip Code Madison WI 53705-4814	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Stockbroker	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Wilson	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 12600 N Port Washington Rd Apt 210	<b>Transaction ID:</b> SA11AI.105038
	City State Zip Code Milwaukee WI 53217	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Yokley	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address W1146 S Shore Dr	<b>Transaction ID:</b> SA11AI.106583
	City State Zip Code Palmyra WI 53156-9227	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Information Requested	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Fred Young	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 3201 Michigan Blvd	<b>Transaction ID:</b> SA11AI.105423
	City State Zip Code Racine WI 53402	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Young Radiator Company President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) C Zeiler	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 17835 Colline Vue Ct.	<b>Transaction ID:</b> SA11AI.105568
	City State Zip Code Brookfield WI 53045-5005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Zirbel	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 2922 Brendon Way	<b>Transaction ID:</b> SA11AI.106192
	City State Zip Code Waukesha WI 53188	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	38251.00

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

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

FOR LINE NUMBER: PAGE 30 / 86  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
ACEC WISCONSIN

Mailing Address 3 S. Poikney St.

City Madison State WI Zip Code 53703

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 30 / 2010  
**Transaction ID: SA11C.107094**  
 Amount of Each Receipt this Period 1500.00

**B.** Full Name (Last, First, Middle Initial)  
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. Box 961039 Suite 220

City Fort Worth State TX Zip Code 76161

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 30 / 2010  
**Transaction ID: SA11C.107095**  
 Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
HUMANA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1776 EYE STREET NW Suite 890

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2010  
**Transaction ID: SA11C.107089**  
 Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 86  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
MARATHON OIL COMPANY EMPLOYEES POLITICAL ACTION COMMITTEE (MEPAC)  
 Mailing Address P.O. Box 75000, MC 2250  
 City State Zip Code  
 Detroit MI 48275  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 9 / 2 0 1 0  
**Transaction ID:** SA11C.107090  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

**B.** Full Name (Last, First, Middle Initial)  
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (A.K.A. MEDCO HEALTH PAC)  
 Mailing Address 2350 KERNER BLVD., SUITE 250  
 City State Zip Code  
 SAN RAFAEL CA 94901  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 0 / 2 0 1 0  
**Transaction ID:** SA11C.107100  
 Amount of Each Receipt this Period  
 1500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Operating Engineers Local 139 Federal PAC  
 Mailing Address 4702 Biltmore Lane  
 City State Zip Code  
 Madison WI 53718  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 0 / 2 0 1 0  
**Transaction ID:** SA11C.107099  
 Amount of Each Receipt this Period  
 750.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 32 / 86  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTEE (PLS GOOD NEIGHBOR PAC)  
 Mailing Address 300 NORTH ELIZABETH STREET STE 4E  
 City State Zip Code  
 CHICAGO IL 60607  
 Date of Receipt: MM / DD / YYYY  
 08 / 10 / 2010  
 Transaction ID: SA11C.107092  
 Amount of Each Receipt this Period: 1200.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

**B.** Full Name (Last, First, Middle Initial)  
PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)  
 Mailing Address 751 Broad Street  
 14th Floor  
 City State Zip Code  
 Newark NJ 07102  
 Date of Receipt: MM / DD / YYYY  
 08 / 04 / 2010  
 Transaction ID: SA11C.107087  
 Amount of Each Receipt this Period: 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
THRIVENT FINANCIAL FOR LUTHERANS-EMPLOYEE POLITICAL ACTION COMMITTEE  
 Mailing Address Post Office Box 1892  
 City State Zip Code  
 Appleton WI 54912  
 Date of Receipt: MM / DD / YYYY  
 08 / 30 / 2010  
 Transaction ID: SA11C.107102  
 Amount of Each Receipt this Period: 750.00  
 FEC ID number of contributing federal political committee: C C00121319  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2950.00  
**TOTAL** This Period (last page this line number only) ..... ► 13450.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 86	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

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

Mailing Address 310 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202461.12

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA12.107107

Amount of Each Receipt this Period  
58000.00

Transfer

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	58000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	58000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 86	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial) Paychex		Date of Receipt
Mailing Address 911 Panorama Tr S		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
Rochester	NY	14625
FEC ID number of contributing federal political committee.		Transaction ID: SA15.107115
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1101.25"/>
Occupation		Refund for overpayment
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1101.25"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1101.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1101.25"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aspect Consulting LLC</p> <p>Mailing Address 3103 Susan Ct</p> <p>City Cross Plains State WI Zip Code 53528</p> <p>Purpose of Disbursement Consulting: compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107302</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aspect Consulting LLC</p> <p>Mailing Address 3103 Susan Ct</p> <p>City Cross Plains State WI Zip Code 53528</p> <p>Purpose of Disbursement Consulting: compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107197</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2250.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 9100</p> <p>City Aurora State IL Zip Code 60507</p> <p>Purpose of Disbursement Long distance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107189</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Dan Morse Consulting LLC	Transaction ID: SB21B.107247
	Mailing Address 5636 Nutone St	Date of Disbursement MM / DD / YYYY 08 / 13 / 2010
	City Fitchburg State WI Zip Code 53711-0000	Amount of Each Disbursement this Period 6000.00
	Purpose of Disbursement Consulting: Fundraising	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Digital Dolphin Supplies	Transaction ID: SB21B.107190
	Mailing Address 811 N Catalina Ave	Date of Disbursement MM / DD / YYYY 08 / 31 / 2010
	City Redondo Beach State CA Zip Code 90277	Amount of Each Disbursement this Period 361.50
	Purpose of Disbursement Printer supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Great Graphics	Transaction ID: SB21B.107133
	Mailing Address 3223 W Beltline Hwy	Date of Disbursement MM / DD / YYYY 08 / 13 / 2010
	City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period 895.00
	Purpose of Disbursement Printing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7256.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Great Graphics</p> <p>Mailing Address 3223 W Beltline Hwy</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107188</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.23"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) M&amp;I Bank</p> <p>Mailing Address 1 E Main St</p> <p>City Madison State WI Zip Code 53703-0000</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107116</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) M&amp;I Bank</p> <p>Mailing Address 1 E Main St</p> <p>City Madison State WI Zip Code 53703-0000</p> <p>Purpose of Disbursement bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107128</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="333.73"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="427.96"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Bank	Transaction ID: SB21B.107246 Date of Disbursement 08 / 11 / 2010
	Mailing Address 1 E Main St	Amount of Each Disbursement this Period 45.00
	City Madison State WI Zip Code 53703-0000	
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M&I Bank	Transaction ID: SB21B.107261 Date of Disbursement 08 / 11 / 2010
	Mailing Address 1 E Main St	Amount of Each Disbursement this Period 73.00
	City Madison State WI Zip Code 53703-0000	
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.107118 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO Box 1111	Amount of Each Disbursement this Period 68.00
	City Madison State WI Zip Code 53701-0000	
	Purpose of Disbursement cc processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>186.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Merchant Services  Mailing Address PO Box 1111  City Madison State WI Zip Code 53701-0000  Purpose of Disbursement cc processing fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107119 Date of Disbursement 08 / 03 / 2010  Amount of Each Disbursement this Period 1.07
B.	Full Name (Last, First, Middle Initial) M&I Merchant Services  Mailing Address PO Box 1111  City Madison State WI Zip Code 53701-0000  Purpose of Disbursement cc processing fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107127 Date of Disbursement 08 / 10 / 2010  Amount of Each Disbursement this Period 301.25
C.	Full Name (Last, First, Middle Initial) M&I Merchant Services  Mailing Address PO Box 1111  City Madison State WI Zip Code 53701-0000  Purpose of Disbursement cc processing fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107245 Date of Disbursement 08 / 11 / 2010  Amount of Each Disbursement this Period 15.95

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>318.27</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ouzo Cafe</p> <p>Mailing Address 776 N Milwaukee St</p> <p>City Milwaukee State WI Zip Code 53202</p> <p>Purpose of Disbursement 8/5 Priebus reimbursement: meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107308</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 38.70</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ouzo Cafe</p> <p>Mailing Address 776 N Milwaukee St</p> <p>City Milwaukee State WI Zip Code 53202</p> <p>Purpose of Disbursement 8/5 Priebus reimbursement: meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107305</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 41.21</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ouzo Cafe</p> <p>Mailing Address 776 N Milwaukee St</p> <p>City Milwaukee State WI Zip Code 53202</p> <p>Purpose of Disbursement 8/5 Priebus reimbursement: meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107304</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 27.92</p> <p><b>[MEMO ITEM]</b></p>

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) PostMaster	Transaction ID: SB21B.107183 Date of Disbursement
	Mailing Address PO Box 7005	<input type="text" value="08"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Madison State WI Zip Code 53707	Amount of Each Disbursement this Period
	Purpose of Disbursement BRM postage	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PostMaster	Transaction ID: SB21B.107187 Date of Disbursement
	Mailing Address PO Box 7005	<input type="text" value="08"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Madison State WI Zip Code 53707	Amount of Each Disbursement this Period
	Purpose of Disbursement BRM postage	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Reince Priebus	Transaction ID: SB21B.107123 Date of Disbursement
	Mailing Address 2340 2nd Street	<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kenosha State WI Zip Code 54140	Amount of Each Disbursement this Period
	Purpose of Disbursement Expense reimbursement	<input type="text" value="418.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2418.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Purchase Power	Transaction ID: SB21B.107138 Date of Disbursement
	Mailing Address Po Box 856042	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Louisville State KY Zip Code 40285	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage for meter	<input type="text" value="3149.43"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Right Angle Consulting	Transaction ID: SB21B.107124 Date of Disbursement
	Mailing Address 314 South Main	<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Deerfield State WI Zip Code 53531	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting: Communication	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rock Bottom Brewery	Transaction ID: SB21B.107311 Date of Disbursement
	Mailing Address 740 N Plankinton Ave	<input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukee State WI Zip Code 53203	Amount of Each Disbursement this Period
	Purpose of Disbursement 8/5 Priebus reimbursement: meeting	<input type="text" value="160.87"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4149.43"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 86

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Rock Bottom Brewery</p> <p>Mailing Address 740 N Plankinton Ave</p> <p>City Milwaukee State WI Zip Code 53203</p> <p>Purpose of Disbursement 8/5 Priebus reimbursement: meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107307</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 35.90</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Rock Bottom Brewery</p> <p>Mailing Address 740 N Plankinton Ave</p> <p>City Milwaukee State WI Zip Code 53203</p> <p>Purpose of Disbursement 8/5 Priebus reimbursement: meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107309</p> <p>Date of Disbursement 07 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 48.37</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Rock Bottom Brewery</p> <p>Mailing Address 740 N Plankinton Ave</p> <p>City Milwaukee State WI Zip Code 53203</p> <p>Purpose of Disbursement 8/5 Priebus reimbursement: meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107306</p> <p>Date of Disbursement 07 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 38.52</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) SCM Associates Mailing Address 1283 Main St City Dublin State NH Zip Code 03444 Purpose of Disbursement Finance mailing: list & design Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107192 Date of Disbursement 08 / 31 / 2010
	Amount of Each Disbursement this Period 1602.95
	Category/Type
	[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Thunder Bay Grille Mailing Address N14 W2430 Tower Place City Pewaukee State WI Zip Code 53072 Purpose of Disbursement 8/5 Priebus reimbursement: meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107310 Date of Disbursement 06 / 22 / 2010
	Amount of Each Disbursement this Period 27.32
	Category/Type
	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Tusk Mobile LLC Mailing Address 2000 Massachusetts Ave NW City Washington State DC Zip Code 20036 Purpose of Disbursement Messaging service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.107195 Date of Disbursement 08 / 31 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2602.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Unisource Direct</p> <p>Mailing Address 105 E Wisconsin Ave</p> <p>City Oconomowoc State WI Zip Code 53066-0000</p> <p>Purpose of Disbursement Finance mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107139</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Unisource Direct</p> <p>Mailing Address 105 E Wisconsin Ave</p> <p>City Oconomowoc State WI Zip Code 53066-0000</p> <p>Purpose of Disbursement Finance mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107186</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8005.23"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Unisource Direct</p> <p>Mailing Address 105 E Wisconsin Ave</p> <p>City Oconomowoc State WI Zip Code 53066-0000</p> <p>Purpose of Disbursement Finance mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107196</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8084.90"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
WI Farm Technology Days Inc.

Transaction ID: SB21B.107184

Date of Disbursement

Mailing Address 211 Canal Rd

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

City Waterloo State WI Zip Code 53594

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
Event booth

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

400.00
--------

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

51350.05
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
American Funds Service Company

Transaction ID: SB30B.107303  
Date of Disbursement

Mailing Address PO Box 6164

/   /

City Indianapolis State IN Zip Code 46206

Amount of Each Disbursement this Period

Purpose of Disbursement  
Employee simple IRA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
American Funds Service Company

Transaction ID: SB30B.107182  
Date of Disbursement

Mailing Address PO Box 6164

/   /

City Indianapolis State IN Zip Code 46206

Amount of Each Disbursement this Period

Purpose of Disbursement  
employee simple IRA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
American Funds Service Company

Transaction ID: SB30B.107241  
Date of Disbursement

Mailing Address PO Box 6164

/   /

City Indianapolis State IN Zip Code 46206

Amount of Each Disbursement this Period

Purpose of Disbursement  
employee simple IRA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Andrew Amys	Transaction ID: SB30B.107229 Date of Disbursement 08 / 31 / 2010
	Mailing Address 8773 E. Berg Park Rd.	
	City Poplar State WI Zip Code 54864-9052	Amount of Each Disbursement this Period 461.75
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB30B.107254 Date of Disbursement 08 / 09 / 2010
	Mailing Address PO Box 9100	
	City Aurora State IL Zip Code 60507	Amount of Each Disbursement this Period 120.44
	Purpose of Disbursement Phones Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB30B.107268 Date of Disbursement 08 / 25 / 2010
	Mailing Address PO Box 9100	
	City Aurora State IL Zip Code 60507	Amount of Each Disbursement this Period 208.43
	Purpose of Disbursement Phones Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	790.62
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Dudley Bowlby <hr/> Mailing Address 250 Femrite Drive <hr/> City Madison State WI Zip Code 53716 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107152 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 603.62
	Category/Type
	(Empty box for Category/Type)
<b>B.</b> Full Name (Last, First, Middle Initial) Dudley Bowlby <hr/> Mailing Address 250 Femrite Drive <hr/> City Madison State WI Zip Code 53716 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107212 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 691.22
	Category/Type
	(Empty box for Category/Type)
<b>C.</b> Full Name (Last, First, Middle Initial) Matthew Brabender <hr/> Mailing Address 3914 Rieder Road #1 <hr/> City Madison State WI Zip Code 53704 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107153 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 429.03
	Category/Type
	(Empty box for Category/Type)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1723.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Matthew Brabender	Transaction ID: SB30B.107213 Date of Disbursement 08 / 31 / 2010
	Mailing Address 3914 Rieder Road #1	Amount of Each Disbursement this Period 513.86
	City Madison State WI Zip Code 53704	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ashley M Burns	Transaction ID: SB30B.107142 Date of Disbursement 08 / 15 / 2010
	Mailing Address 420 W Gorham St #210	Amount of Each Disbursement this Period 517.83
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ashley M Burns	Transaction ID: SB30B.107203 Date of Disbursement 08 / 31 / 2010
	Mailing Address 420 W Gorham St #210	Amount of Each Disbursement this Period 517.83
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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) .....	▶	1549.52
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Charter Communications	Transaction ID: SB30B.107255 Date of Disbursement
	Mailing Address PO Box 3255	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Milwaukee State WI Zip Code 53201-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Cable	<input type="text" value="253.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charter Communications	Transaction ID: SB30B.107264 Date of Disbursement
	Mailing Address PO Box 3255	<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Milwaukee State WI Zip Code 53201-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Cable	<input type="text" value="84.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Molly Christianson	Transaction ID: SB30B.107141 Date of Disbursement
	Mailing Address 5133 Woodfield Dr.	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Carmel State IN Zip Code 46033	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="881.64"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1218.90"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Molly Christianson	Transaction ID: SB30B.107202 Date of Disbursement 08 / 31 / 2010
	Mailing Address 5133 Woodfield Dr.	Amount of Each Disbursement this Period 881.65
	City Carmel State IN Zip Code 46033	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tristan D. Cook	Transaction ID: SB30B.107169 Date of Disbursement 08 / 15 / 2010
	Mailing Address 2623 Pennington Circle	Amount of Each Disbursement this Period 1351.17
	City Madison State WI Zip Code 53711	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tristan D. Cook	Transaction ID: SB30B.107230 Date of Disbursement 08 / 31 / 2010
	Mailing Address 2623 Pennington Circle	Amount of Each Disbursement this Period 1123.31
	City Madison State WI Zip Code 53711	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3356.13
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Colleen Coyle <hr/> Mailing Address 3494 Sabaka Trail <hr/> City Verona State WI Zip Code 53573 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107226 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 445.79
<b>B.</b>	Full Name (Last, First, Middle Initial) D&S Technologies LLC <hr/> Mailing Address 405 N Calhoun Rd <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Tech installation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107259 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 722.68
<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Dailey <hr/> Mailing Address 363 Richland Ave <hr/> City Athens State WI Zip Code 45701 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107250 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1101.25

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2269.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Michael Dailey	Transaction ID: SB30B.107170 Date of Disbursement 08 / 15 / 2010
	Mailing Address 363 Richland Ave	Amount of Each Disbursement this Period 1011.37
	City Athens State WI Zip Code 45701	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Michael Dailey	Transaction ID: SB30B.107231 Date of Disbursement 08 / 31 / 2010
	Mailing Address 363 Richland Ave	Amount of Each Disbursement this Period 1257.53
	City Athens State WI Zip Code 45701	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Andrew Davis	Transaction ID: SB30B.107167 Date of Disbursement 08 / 15 / 2010
	Mailing Address 2525 S Shore Dr	Amount of Each Disbursement this Period 1703.40
	City Milwaukee State WI Zip Code 53207-0000	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3972.30

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Davis  Mailing Address 2525 S Shore Dr  City Milwaukee State WI Zip Code 53207-0000  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107225 Date of Disbursement 08 / 31 / 2010  Amount of Each Disbursement this Period 1873.37
<b>B.</b>	Full Name (Last, First, Middle Initial) Dean Care  Mailing Address PO Box 88610  City Milwaukee State WI Zip Code 53288  Purpose of Disbursement health insurance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107120 Date of Disbursement 08 / 05 / 2010  Amount of Each Disbursement this Period 2765.89
<b>C.</b>	Full Name (Last, First, Middle Initial) Nicholas DeJong  Mailing Address 116 Damon Circle Unit L  City Panama City Beach State FL Zip Code 32407  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107171 Date of Disbursement 08 / 15 / 2010  Amount of Each Disbursement this Period 976.43

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

5615.69

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Nicholas DeJong <hr/> Mailing Address 116 Damon Circle Unit L <hr/> City Panama City Beach State FL Zip Code 32407 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107232 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010
	Amount of Each Disbursement this Period 1153.01
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Dental <hr/> Mailing Address PO Box 828 <hr/> City Stevens Point State WI Zip Code 54481 <hr/> Purpose of Disbursement dental insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107121 Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2010
	Amount of Each Disbursement this Period 440.97
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Dickens <hr/> Mailing Address 420 W. Gorham St <hr/> City Madison State WI Zip Code 53703-2034 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107168 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2010
	Amount of Each Disbursement this Period 1083.38
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2677.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Dickens  Mailing Address 420 W. Gorham St  City Madison State WI Zip Code 53703-2034  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107228 Date of Disbursement 08 / 31 / 2010  Amount of Each Disbursement this Period 1461.78
<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Dickie  Mailing Address 126 North Blair Street #1  City Madison State WI Zip Code 53703  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107154 Date of Disbursement 08 / 15 / 2010  Amount of Each Disbursement this Period 1391.37
<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Dickie  Mailing Address 126 North Blair Street #1  City Madison State WI Zip Code 53703  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107214 Date of Disbursement 08 / 31 / 2010  Amount of Each Disbursement this Period 1232.29

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4085.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) FedEx  Mailing Address PO Box 1140  City Memphis State TN Zip Code 38101  Purpose of Disbursement Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.107282 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period  1473.54
<b>B.</b>	Full Name (Last, First, Middle Initial) Green Bay Broadway Development  Mailing Address 3148 Mid Valley Rd  City De Pere State WI Zip Code 54115  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.107251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period  1200.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Green Bay Broadway Development  Mailing Address 3148 Mid Valley Rd  City De Pere State WI Zip Code 54115  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.107270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3673.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amy Harriman</p> <p>Mailing Address 544 W Main St #206</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107150</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="463.99"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amy Harriman</p> <p>Mailing Address 544 W Main St #206</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107210</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="629.04"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hatchery Hill Investment, LLC</p> <p>Mailing Address 2000 Cahill Main, Suite 216</p> <p>City Fitchburg State WI Zip Code 53711</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107271</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2093.03"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Donna Heimbach	Transaction ID: SB30B.107155 Date of Disbursement
	Mailing Address 3002 Dianne Drive	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="512.49"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Donna Heimbach	Transaction ID: SB30B.107215 Date of Disbursement
	Mailing Address 3002 Dianne Drive	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="749.57"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HiLife Investments	Transaction ID: SB30B.107252 Date of Disbursement
	Mailing Address PO Box 999	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Stevens Point State WI Zip Code 54481	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3262.06"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ashley Jacobs</p> <p>Mailing Address 316 Winslow Adams</p> <p>City Madison State WI Zip Code 53716</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107177</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="514.57"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ashley Jacobs</p> <p>Mailing Address 316 Winslow Adams</p> <p>City Madison State WI Zip Code 53716</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107238</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="601.42"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Jefferson</p> <p>Mailing Address 1678 Cottonville Ave</p> <p>City Arkdale State WI Zip Code 54613-9614</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107140</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2420.07"/></p>

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

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mark Jefferson</p> <p>Mailing Address 1678 Cottonville Ave</p> <p>City Arkdale State WI Zip Code 54613-9614</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107201</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2420.09"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Kimble</p> <p>Mailing Address 402 Nichols Rd</p> <p>City Monona State WI Zip Code 53716</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107156</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="331.71"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Kimble</p> <p>Mailing Address 402 Nichols Rd</p> <p>City Monona State WI Zip Code 53716</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107216</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="397.64"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3149.44"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Brian Kind</p> <p>Mailing Address 405 Doral Court</p> <p>City Waunakee State WI Zip Code 53597</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107143</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1789.60"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Brian Kind</p> <p>Mailing Address 405 Doral Court</p> <p>City Waunakee State WI Zip Code 53597</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1558.44"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) La Crosse County Republican Party</p> <p>Mailing Address 208 S. 4th St</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107253</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4098.04"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) La Crosse County Republican Party	Transaction ID: SB30B.107263 Date of Disbursement
	Mailing Address 208 S. 4th St	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) La Crosse County Republican Party	Transaction ID: SB30B.107272 Date of Disbursement
	Mailing Address 208 S. 4th St	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nicholas Lauren	Transaction ID: SB30B.107172 Date of Disbursement
	Mailing Address S8338 Oriole Dr	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Eau Claire State WI Zip Code 54701	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="1054.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2554.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Nicholas Lauren	Transaction ID: SB30B.107233 Date of Disbursement 08 / 31 / 2010
	Mailing Address S8338 Oriole Dr	
	City Eau Claire State WI Zip Code 54701	Amount of Each Disbursement this Period 970.32
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Crystal Lee	Transaction ID: SB30B.107173 Date of Disbursement 08 / 15 / 2010
	Mailing Address 614 Langdon Street	
	City Madison State WI Zip Code 53703-1163	Amount of Each Disbursement this Period 1034.08
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Crystal Lee	Transaction ID: SB30B.107234 Date of Disbursement 08 / 31 / 2010
	Mailing Address 614 Langdon Street	
	City Madison State WI Zip Code 53703-1163	Amount of Each Disbursement this Period 970.32
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2974.72
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Kimberly Liedl	Transaction ID: SB30B.107163 Date of Disbursement 08 / 15 / 2010
	Mailing Address 1101 Engelhart Dr	Amount of Each Disbursement this Period 1642.01
	City Madison State WI Zip Code 53713	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kimberly Liedl	Transaction ID: SB30B.107222 Date of Disbursement 08 / 31 / 2010
	Mailing Address 1101 Engelhart Dr	Amount of Each Disbursement this Period 1642.01
	City Madison State WI Zip Code 53713	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.107157 Date of Disbursement 08 / 15 / 2010
	Mailing Address 762 Briar Ln	Amount of Each Disbursement this Period 459.01
	City Beloit State WI Zip Code 53511-0000	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3743.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Larry Loomis

Transaction ID: SB30B.107301  
Date of Disbursement

Mailing Address 762 Briar Ln

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

City Beloit State WI Zip Code 53511-0000

Amount of Each Disbursement this Period

741.58
--------

Purpose of Disbursement  
Payroll

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB30B.107158  
Date of Disbursement

Mailing Address 338 W Wilson St

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

City Madison State WI Zip Code 53703-0000

Amount of Each Disbursement this Period

514.70
--------

Purpose of Disbursement  
payroll

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB30B.107217  
Date of Disbursement

Mailing Address 338 W Wilson St

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

City Madison State WI Zip Code 53703-0000

Amount of Each Disbursement this Period

633.01
--------

Purpose of Disbursement  
payroll

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1889.29
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 86

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Lucas Moench	Transaction ID: SB30B.107178 Date of Disbursement 08 / 15 / 2010
	Mailing Address 1022 W Johnson #602	
	City Madison State WI Zip Code 53715-0000	Amount of Each Disbursement this Period 546.02
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lucas Moench	Transaction ID: SB30B.107239 Date of Disbursement 08 / 31 / 2010
	Mailing Address 1022 W Johnson #602	
	City Madison State WI Zip Code 53715-0000	Amount of Each Disbursement this Period 575.97
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.107179 Date of Disbursement 08 / 15 / 2010
	Mailing Address 911 Panorama Tr S	
	City Rochester State NY Zip Code 14625	Amount of Each Disbursement this Period 977.59
	Purpose of Disbursement payroll tax Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2099.58
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 911 Panorama Tr S <hr/> City Rochester State NY Zip Code 14625 <hr/> Purpose of Disbursement payroll processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.107180 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 148.65
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 911 Panorama Tr S <hr/> City Rochester State NY Zip Code 14625 <hr/> Purpose of Disbursement payroll tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.107181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 13491.73
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 911 Panorama Tr S <hr/> City Rochester State NY Zip Code 14625 <hr/> Purpose of Disbursement payroll tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.107198 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 13245.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**26885.63**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement payroll processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107199</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="131.86"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement unemployment tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107200</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1019.47"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Poole</p> <p>Mailing Address 1528 Sellery Street</p> <p>City Middleton State WI Zip Code 53562-0000</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107159</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="221.46"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Poole <hr/> Mailing Address 1528 Sellery Street <hr/> City Middleton State WI Zip Code 53562-0000 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107218 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 730.68
<b>B.</b>	Full Name (Last, First, Middle Initial) Principal Financial Group <hr/> Mailing Address PO Box 10372 <hr/> City Des Moines State IA Zip Code 50306 <hr/> Purpose of Disbursement life insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107122 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 366.65
<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew Pugh <hr/> Mailing Address 537 Shady Wood Way <hr/> City Madison State WI Zip Code 53714 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107144 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 669.98

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

1767.31

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew Pugh <hr/> Mailing Address 537 Shady Wood Way <hr/> City Madison State WI Zip Code 53714 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107205 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 81.26
<b>B.</b>	Full Name (Last, First, Middle Initial) Sue Quinn <hr/> Mailing Address 3260 E Carrollton Dr <hr/> City Oak Creek State WI Zip Code 53154 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107312 Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Resch <hr/> Mailing Address 2 Northridge Terrace Apt C <hr/> City Madison State WI Zip Code 53704 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107160 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 579.78

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2661.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Daniel Resch  Mailing Address 2 Northridge Terrace Apt C  City Madison State WI Zip Code 53704  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107219 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0  Amount of Each Disbursement this Period 778.89
B.	Full Name (Last, First, Middle Initial) Daniel Romportl  Mailing Address 841 Skibborean Way  City Hartford State WI Zip Code 53027-8520  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107165 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 1 0  Amount of Each Disbursement this Period 1255.19
C.	Full Name (Last, First, Middle Initial) Daniel Romportl  Mailing Address 841 Skibborean Way  City Hartford State WI Zip Code 53027-8520  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107223 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0  Amount of Each Disbursement this Period 1255.19

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3289.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lauren Schroeder</p> <p>Mailing Address 1022 W. Johnson St.</p> <p>City Madison State WI Zip Code 53715-1026</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107147</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="333.09"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lauren Schroeder</p> <p>Mailing Address 1022 W. Johnson St.</p> <p>City Madison State WI Zip Code 53715-1026</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107207</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="413.45"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Smalley</p> <p>Mailing Address 118 S Washington St</p> <p>City Green Bay State WI Zip Code 54301</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107174</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1123.50"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Nicholas Smalley <hr/> Mailing Address 118 S Washington St <hr/> City Green Bay State WI Zip Code 54301 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107236 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1343.23
<b>B.</b>	Full Name (Last, First, Middle Initial) Shawn W Smith <hr/> Mailing Address 6108 Princeton Ln <hr/> City Racine State WI Zip Code 53402 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107175 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 1218.28
<b>C.</b>	Full Name (Last, First, Middle Initial) Shawn W Smith <hr/> Mailing Address 6108 Princeton Ln <hr/> City Racine State WI Zip Code 53402 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.107237 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1033.21

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

**3594.72**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 4181</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107300</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="666.04"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) State of Wisconsin Legislative Human Resources</p> <p>Mailing Address PO Box 7882</p> <p>City Madison State WI Zip Code 53707</p> <p>Purpose of Disbursement Employee benefits reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107129</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2209.41"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Craig J Summerfield</p> <p>Mailing Address 2044 Sweetfern Dr</p> <p>City Green Bay State WI Zip Code 54313</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107166</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1221.34"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4096.79"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) The Tarrance Group	Transaction ID: SB30B.107248 Date of Disbursement 08 / 18 / 2010
	Mailing Address 201 North Union Street STE 410	Amount of Each Disbursement this Period 8719.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Polling: generic election activity	005 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB30B.107256 Date of Disbursement 08 / 09 / 2010
	Mailing Address PO Box 145	Amount of Each Disbursement this Period 669.82
	City Kimberly State WI Zip Code 54136-0145	
	Purpose of Disbursement Phones/Cable	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB30B.107265 Date of Disbursement 08 / 19 / 2010
	Mailing Address PO Box 145	Amount of Each Disbursement this Period 79.20
	City Kimberly State WI Zip Code 54136-0145	
	Purpose of Disbursement Cable/Phones	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9468.02
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anton Urso</p> <p>Mailing Address 405 Nichols Rd</p> <p>City Monona State WI Zip Code 53716</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107161</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="532.23"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anton Urso</p> <p>Mailing Address 405 Nichols Rd</p> <p>City Monona State WI Zip Code 53716</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107220</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="579.93"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Wacławski</p> <p>Mailing Address 315 N. Franklin St.</p> <p>City Madison State WI Zip Code 53703-1580</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.107149</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2188.21"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3300.37"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 86

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Jonathan Waclawski	Transaction ID: SB30B.107209 Date of Disbursement 08 / 31 / 2010
	Mailing Address 315 N. Franklin St.	Amount of Each Disbursement this Period 1881.21
	City Madison State WI Zip Code 53703-1580	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andrew Welhouse	Transaction ID: SB30B.107146 Date of Disbursement 08 / 15 / 2010
	Mailing Address 718 Bear Claw Way #204	Amount of Each Disbursement this Period 1551.30
	City Madison State WI Zip Code 53717	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andrew Welhouse	Transaction ID: SB30B.107206 Date of Disbursement 08 / 31 / 2010
	Mailing Address 718 Bear Claw Way #204	Amount of Each Disbursement this Period 1601.31
	City Madison State WI Zip Code 53717	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5033.82
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Joshua Wilson	Transaction ID: SB30B.107162
	Mailing Address 641 West Main Street	Date of Disbursement MM / DD / YYYY 08 / 15 / 2010
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 661.94
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Joshua Wilson	Transaction ID: SB30B.107221
	Mailing Address 641 West Main Street	Date of Disbursement MM / DD / YYYY 08 / 31 / 2010
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 605.09
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WPS	Transaction ID: SB30B.107266
	Mailing Address PO Box 19003	Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	City Green Bay State WI Zip Code 54307	Amount of Each Disbursement this Period 632.70
	Purpose of Disbursement Utilities	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1899.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> West Bend Mutual Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1900 South 18th Ave			Allocated Activity or Event Year-To-Date 157334.15	
City West Bend	State WI	Zip Code 53095	Date <input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Insurance			Transaction ID: H4.107117	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
609.00		2291.00		2900.00

<b>B. Full Name (Last, First, Middle Initial)</b> AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 9100			Allocated Activity or Event Year-To-Date 160711.10	
City Aurora	State IL	Zip Code 60507	Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Long distance			Transaction ID: H4.107131	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
709.16		2667.79		3376.95

<b>C. Full Name (Last, First, Middle Initial)</b> Badgerland Chemical & Supply			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 620303			Allocated Activity or Event Year-To-Date 160803.00	
City Middleton	State WI	Zip Code 53562	Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>	
Purpose of Disbursement: Janitorial supplies			Transaction ID: H4.107132	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.30		72.60		91.90

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1337.46		5031.39		6368.85

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Green Valley Disposal

Mailing Address  
P.O. Box 9001099

City State Zip Code  
Louisville KY 40290-0000

Purpose of Disbursement:  
waste removal

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

160934.35

Activity or Event Identifier:  
Administrative

Date 08 / 13 / 2010

Transaction ID: H4.107135

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.58		103.77		131.35

**B. Full Name (Last, First, Middle Initial)**  
Impact Networking Inc.

Mailing Address  
PO Box 3090

City State Zip Code  
Milwaukee WA 53202

Purpose of Disbursement:  
Copier supplies

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

160944.90

Activity or Event Identifier:  
Administrative

Date 08 / 13 / 2010

Transaction ID: H4.107136

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.22		8.33		10.55

**C. Full Name (Last, First, Middle Initial)**  
MG&E

Mailing Address  
PO Box 1231

City State Zip Code  
Madison WI 53701

Purpose of Disbursement:  
Energy bill

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

161279.20

Activity or Event Identifier:  
Administrative

Date 08 / 13 / 2010

Transaction ID: H4.107137

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.20		264.10		334.30

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.00		376.20		476.20

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Wisconsin Government Accountability Board

Mailing Address  
PO Box 2973

City	State	Zip Code	Category/ Type
Madison	WI	53701	

Purpose of Disbursement:  
Voter list

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
161499.20

Date  /  /   
**Transaction ID:** H4.107269

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.20		173.80		220.00

**B. Full Name (Last, First, Middle Initial)**  
Pro One Janitorial, Inc.

Mailing Address  
1101 Ashwaubenon St.

City	State	Zip Code	Category/ Type
Green Bay	WI	54304-0000	

Purpose of Disbursement:  
Cleaning service

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
161999.20

Date  /  /   
**Transaction ID:** H4.107191

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

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

Mailing Address  
4601 Helfesen Dr

City	State	Zip Code	Category/ Type
Madison	WI	53718	

Purpose of Disbursement:  
Printer ink

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
162553.08

Date  /  /   
**Transaction ID:** H4.107193

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
116.31		437.57		553.88

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
267.51		1006.37		1273.88

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address  
PO Box 94510

City	State	Zip Code
Palatine	IL	60094-0000

Purpose of Disbursement:  
Office phones

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

163578.92

Date 

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

Transaction ID: H4.107194

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
215.43		810.41		1025.84

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
215.43		810.41		1025.84

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
1920.40	7224.37	9144.77