

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Dec 7 3 45 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) WEST FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00292896
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 1000		
CITY, STATE and ZIP CODE Stevens Point, WI 54481	STATE/DISTRICT WI-07	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on <u>Nov. 4</u> in the State of <u>Wisconsin</u>
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	15,230.00	57,974.87
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	15,230.00	57,974.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27,506.84	64,438.83
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	27,506.84	64,438.83
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,334.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	121,767.87	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-219-3420

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 Evelyn Jordan		Date
Signature of Treasurer <i>Evelyn Jordan</i>		12-3-98

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
WEST FOR CONGRESS C00292896	From: 10/25/98	To: 11/23/98
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) -----	7,005.00	
(ii) Unitemized -----	3,125.00	
(iii) Total of contributions from individuals -----	10,130.00	37,874.00
(b) Political Party Committees -----	3,600.00	11,768.58
(c) Other Political Committees (such as PACs) -----	1,500.00	8,332.29
(d) The Candidate -----	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	15,230.00	57,974.87
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0	7,500,000.00
(b) All Other Loans -----	0	0
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	7,500,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	4.38
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	15,230.00	65,479.25
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	27,506.84	64,438.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	1,000.00	1,000.00
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	1,000.00	1,000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	28,506.84	65,438.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 14,611.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 15,230.00
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 29,841.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 28,506.84
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtotal Line 25 from 25) -----	\$ 1,334.33

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11a

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)

West For Congress

C00292896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark J. Hadley 399 S. River DR Wausau, WI 54402	Hadley's Office Supply	10/31/98	\$ 500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales Rep Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Calvin Miller Rt 2, Box 177 Pine Lake Rd Iron River, WI 54847	Info requested	10/29/98	\$ 100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mildred Hall PO Box 210 Medford, WI 54451	Retired	10/28/98	\$ 100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Shore 617 Jackson St. Wausau, WI 54403	Self-employed	10/20/98	\$ 200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dentist Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Shore 617 Jackson St. Wausau, WI 54403	Self-employed	10/20/98	\$ 100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dentist Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sue Shore 617 Jackson St. Wausau, WI 54403	Homemaker	10/19/98	\$ 100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome Hansen 5105 Lakeshore Dr Wausau, WI 54401	Self-employed	10/23/98	\$ 200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dentist Aggregate Year-to-Date > \$ 200		

SUBTOTAL of Receipts This Page (optional)

\$ 1,300⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 1141

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NAME OF COMMITTEE (In Full)

West For Congress

C00292896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Aimee Sweeney</u> <u>6731 Ogden Ave</u> <u>Superior, WI 54280</u>	<u>info requested</u>	<u>10/20/98</u>	<u>\$ 200⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>info requested</u>	Aggregate Year-to-Date: <u>\$</u>	
<u>Johy Paulsen</u> <u>2414 220th St.</u> <u>Cushing, WI 54000</u>	<u>info requested</u>	<u>10/25/98</u>	<u>\$ 100⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>info requested</u>	Aggregate Year-to-Date: <u>\$</u>	
<u>James Sievert</u> <u>401 Eau Claire Blvd</u> <u>Wausau, WI 54401</u>	<u>info requested</u>	<u>10/23/98</u>	<u>\$ 100⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>info requested</u>	Aggregate Year-to-Date: <u>\$</u>	
<u>Greg Kamyszek</u> <u>7803 N. Port Washington Rd.</u> <u>Glendale, WI 53217</u>	<u>BioSearch</u>	<u>10/27/98</u>	<u>\$ 200⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>V.P.</u>	Aggregate Year-to-Date: <u>\$</u>	
<u>Terry Kohler</u> <u>Box 897</u> <u>Sheboygan, WI 53082</u>	<u>CEO - Windway Corp.</u>	<u>10/27/98</u>	<u>\$ 1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>CEO</u>	Aggregate Year-to-Date: <u>\$</u>	
<u>Mary Kohler</u> <u>Box 897</u> <u>Sheboygan, WI 53082</u>	<u>Windway Corp.</u>	<u>10/27/98</u>	<u>\$ 1000⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Sales</u>	Aggregate Year-to-Date: <u>\$</u>	
<u>Joshua Little</u> <u>9264 E. Platte Dr</u> <u>Solon Springs, WI 54873</u>	<u>Dahlberg Light & Power</u>	<u>10/28/98</u>	<u>\$ 500⁰⁰</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Lineman</u>	Aggregate Year-to-Date: <u>\$</u>	

SUBTOTAL of Receipts This Page (optional)

\$ 3,100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

WEST FOR Congress

C0022896

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Ann Dahlberg Box 973 Solon Springs, WI 54873	Gift Shop Occupation: Owner	10/27/98	\$ 400 ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Little 9356 E. Ash Ave Solon Springs, WI 54873	Gift Shop Occupation: Owner	10/28/98	\$ 300 ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Little 9356 E Ash Ave Solon Springs, WI 54873	Gift Shop Occupation: Owner	10/28/98	\$ 205 ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Corrine Lam 541 Williamsburg Lane Odenham, MD 21113	Nat'l Right to Life Occupation: Exec. Asst.	10/28/98	\$ 400 ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Pehn 413 Jefferson St Wausau, WI 54401	Self-Employed Occupation: Dentist	10/28/98	\$ 50 ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Pehn 413 Jefferson St Wausau, WI 54401	Self-Employed Occupation: Dentist	10/28/98	\$ 50 ⁰⁰
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Genene Wunderlich 1616 Wright Ave Stevens Point, WI 54481	Retired Occupation: Teacher	11/01/98	\$ 200 ⁰⁰ in-kind lodging
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 200		

SUBTOTAL of Receipts This Page (optional)

\$ 1605

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

West For Congress

C00292896

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period

Dean Johnson
3921 N. 21st St.
Superior, WI 54980

self employed
Business owner

11/2/98

\$ 1,000

SUBTOTAL of Receipts This Page (optional)

\$ 1,000

TOTAL This Period (last page this line number only)

\$ 7,005

Mary	Moon	W6866 Lakewood Blvd	Ladysmith	WI	54848	\$35 In-Kind Radio
Marvel	Swanson	12034 S Holly Lucius Rd	Solon Springs	WI	54873	\$25
Perri	Smith	Box 37	Solon Springs	WI	54873	\$20
Mark	Dahlberg	8144 E. County Rd A	Solon Springs	WI	54873	\$25
Beverly	Jamison	Box 244	Solon Springs	WI	54873	\$35
Clara	Thorssen	Box 114	Solon Springs	WI	54873	\$25
Lauri	Thorssen	Box 122	Solon Springs	WI	54873	\$75
Leila	Fischer	Box 3105	Washburn	WI	54891	\$25
Thomas	Kopecky	N8892 Harper Dr.	Westboro	WI	54490	\$25
Mary	Wester	8263 S. Klang Rd.	Hennett	WI	54873	\$100
Dave	Anderson	350 W. Washington Ave	Madison	WI	53703	\$50
Butch	Pomeroy	103 S. Main St	Amherst	WI	54406	\$50
c/o Coalition for Community Banking			Madison	WI	53719	
William	Miller	112 N. 36th Ave	Wausau	WI	54401	\$50
John	Young	129 Sturgeon Eddy Rd	Wausau	WI	54403	\$25
Dr. WM	Gabler	115 Forest St.	Wausau	WI	54403	\$100
Suzanne	Koehl	2450 Shadowview Cir	Plover	WI	54467	\$50
Scott	Buchanan	2940 Dorr Rd	Wisconsin Rapids	WI	54494	\$25
Ara	Cherchian	606 Spring St	Wausau	WI	54403	\$50
Robert	Walraven	2503 Marshall St.	Wausau	WI	54401	\$75
Tapin	Tulisaari	Box 317	Park Falls	WI	54552	\$25
Frederic	Strauss	1018 Magnolia Lane	Madison	WI	53713	\$20
Emily	Pagel	Box 114	Almond	WI	54909	\$100
David	Aicher	4027 Hilltop Rd	Wausau	WI	54403	\$25
John	Connaughty	1101 N 6th St.	Wausau	WI	54403	\$100
John	Jury	935 Old Wausau Rd.	Stevens Point	WI	54481	\$100
Gene	Sellung	423 N. 1st Ave	Wausau	WI	54401	\$25
Richard	Peterson	452 Woodland Dr.	Wisconsin Rapids	WI	54494	\$25
Linda	Leder	2001 Green Tree Rd.	Junction City	WI	54443	\$50
Ramona	Ford	9462 Hwy 54	Amherst	WI	54406	\$40
Tom	Glavich	2337 Main St	Stevens Point	WI	54481	\$25
Richard	Wallace	Box 126	Ashland	WI	54806	\$25
Marilyn	Huberbette	201 E. North Ave	Luck	WI	54853	\$10
Richard	Boller	1025 Graves	Wausau	WI	54403	\$20
Donata	Wolhaupt	903 Cedar St	Wausau	WI	54401	\$10
Jane	Dumke	6805 3rd Ave	Rudolph	WI	54475	\$75
Hannah	Corbin	1710 Orchid Ln	Wausau	WI	54401	\$50
Michael	Hill	205 W. Bridge St	Wausau	WI	54401	\$20
Daniel	Schaut	2202 Hemlock Ave	Schofield	WI	54476	\$20
Robert	Cosentino	1132 Gilbert St.	Wausau	WI	54403	\$100
Carl	Hash	216 S. 3rd Ave	Wausau	WI	54401	\$30
Thomas	Nick	630 First St	Wausau	WI	54403	\$20

Alice	Lillegard	141 Kent St	Wausau	WI	54403	\$25
David	Barr	232 W. Greenwood Dr	Rothschild	WI	54474	\$10
Kierin	Armond	2173 River Forest Lane	Mosinee	WI	54455	\$10
Robert	Southworth	1305 Brown St.	Wausau	WI	54403	\$50
William	Bronson	5627 Oakes Ave	Superior	WI	54880	\$15
Gordon	Dempze	1060 Center St	Wisconsin Rapids	WI	54494	\$25
Marvin	Kuehner	1509 N. Wood Ave	Marshfield	WI	54449	\$100
Carol	Schmidt	12520 60th Ave	Merill	WI	54452	\$100
Elizabeth	Sorensen	N5460 Mattison Rd	Bruce	WI	54819	\$25
Evelyn	Wolding	Box 56	Nelsonville	WI	54458	\$25
Robert	Veldhoff	2030 Red Oak Dr	Plover	WI	54467	\$25
Walter	Kunz	5815 Ferge St.	Schofield	WI	54476	\$20
Ronald	Tlachac	1830 Cook Ave	Wisconsin Rapids	WI	54494	\$20
Marceline	Joss	5355 Woodland Circle	Stevens Point	WI	54481	\$25
Curtis	Charboneau	1221 Grand Ave	Wausau	WI	54401	\$20
Betty	Barnes	5292 Forest Circle S	Stevens Point	WI	54481	\$50
Dale	Travis	3608 Robert St	Stevens Point	WI	54481	\$50
Patricia	Prehn	1010 Adams St	Wausau	WI	54403	\$25
Eunice	Marty	13986 South St. Croix Rd.	Gordon	WI	54838	\$25
H. Robert	Chappa	1258 Roberts Rd	Spooner	WI	54801	\$25
E.A.	Evenson	1709 Spruce St	Ashland	WI	54806	\$35
Arlette	Mitchell	PO Box 207	Merill	WI	54452	\$25
Karen	Lawler	Box 520	Lake Nebagamong	WI	54849	\$50
June	Stevens	2005 Ridge View Dr.	Wausau	WI	54401	\$25
Darrell	DeGroff	Box 169	Bancroft	WI	54921	\$25
Erik	Hadlund	Box 1285	Bayfield	WI	54814	\$50
Michael	Mehr	351 Madison St	Wisconsin Rapids	WI	54494	\$25
Daniel	O'Connell	1925 Graham Lane	Mosinee	WI	54455	\$100
Dale	Kuck	N2597 Eastshore Dr	Merill	WI	54452	\$20
Daniel	Meyer	241 Shore Acres Dr	Wisconsin Rapids	WI	54494	\$20
Elmer	Timm	11 Kere Tr.	Cherokee Village	AR	72529	\$25
Karen	Franczyk	3837 S. 22nd Rd.	South Range	WI	54874	\$15
Oscar	Hoganson	5550 Hwy 17 N., Unit 2	Rhineland	WI	54501	\$20
Donna	Hunt	W5074 Broek Rd.	Owen	WI	54460	\$50
Scott	Thomas	4504 Redwood Ave	Jacksonville	FL	32207	\$20
James	Anderson	PO Box 366	Stevens Point	WI	54481	\$100
Joan	Berndt	700 Tanager Ridge Rd	Wausau	WI	54401	\$20
Mark	Seidl	1010 Parcher St	Wausau	WI	54403	\$50

TOTAL: \$3,125

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
FOR LINE NUMBER 11b

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rusk County Republican Party Ladysmith, WI 54848		10/20/98	\$ 100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republican Party of Wisconsin PO Box 31 Madison, WI 53701		10/30/98	\$ 1,000 ⁰⁰ in-kind lists
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,950	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republican Party of Wisconsin P.O. Box 31 Madison, WI 53701		10/30/98	\$ 2,500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 3,600

SCHEDULE A

ITEMIZED RECEIPTS

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)

West For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Voll PAC 1236 North 18th St. Sheboygan, WI 53081		11/2/98	\$ 1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amer. Dental PAC 1111 14th St. NW Suite 1100 Washington, DC 20005		10/26/98	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$ 1,500

TOTAL This Period (last page this line number only)

\$ 1,500

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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 committees.

NAME OF COMMITTEE (In Full)

WEST For Congress

C00292896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S.P.S. Stevens Point, WI 54481	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	* 4,032 ⁰⁰
B. Full Name, Mailing Address and ZIP Code Plover Press 4100 Plover Rd Plover, WI 54467	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 96 Debt Retire	10/15/98	2,041 ⁹⁷
C. Full Name, Mailing Address and ZIP Code Jan Haines Stevens Point, WI 54481	Direct Mail Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	320 ⁰⁰
D. Full Name, Mailing Address and ZIP Code Russo, Marsh & Rapoe 770 L Street, Suite 950 Sacramento, CA 95812	T.V. Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	8,000 ⁰⁰
E. Full Name, Mailing Address and ZIP Code Stanley K Neuse 1725 4th Ave Stevens Point, WI 54481	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	500 ⁰⁰
F. Full Name, Mailing Address and ZIP Code U.S.P.S. Stevens Point, WI 54481	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98 10/19/98 10/23/98	348 830 194 ²¹
G. Full Name, Mailing Address and ZIP Code Northland Broadcasting	Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	1,008
H. Full Name, Mailing Address and ZIP Code U.S.P.S. Stevens Point, WI 54481	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98 10/30/98	1,000 100
I. Full Name, Mailing Address and ZIP Code Madelon Signs 1910 Dixon St. Stevens Point, WI 54481	Signage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	606 ⁶³

SUBTOTAL of Disbursements This Page (optional)

17,814⁹¹

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

WEST FOR Congress

C00292896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Central Radio Group P.O. Box 1 Eau Claire, WI 54602-9901	Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	329 ³²
WJMC 1059 21 st Ave Rice Lake, WI 54868	Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	560 ⁰⁰
Northland Broadcasting	Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	105 ⁶⁰
Phillips Broadcasting	Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	460 ⁰⁰
WXCO/WYCO Radio P.O. Box 778 Janesville, WI 54602-0778	Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	198 ⁶⁰
Vidcom 1905 S. Raddis Ave, Suite Z Marsh Field, WI 54449	Video Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	1,500
Muzzy Broadcasting 500 Division St. Stevens Point, WI 54481	Radio Buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	303 ⁷⁵
DAVID Bauser 10109 Donkigh Dr Columbia MD 21046	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	200 ⁰⁰
Direct Message Express	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	3,600 ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

7,257²⁵

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) WEST For Congress C00292896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>F9M Bank Hwy 10 E Stevens Point, WI 54481</u>	<u>Bank Fee</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11/2/98</u>	<u>25⁰⁰</u>
<u>"</u>	<u>Bank Fee</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/27/98</u>	<u>45⁰⁰</u>
<u>"</u>	<u>Bank Fee</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/28/98</u>	<u>15⁰⁰</u>
<u>"</u>	<u>Bank Fee</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11/3/98</u>	<u>30⁰⁰</u>
<u>"</u>	<u>Bank Fee</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11/4/98</u>	<u>60⁰⁰</u>
<u>"</u>	<u>Bank Fee</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11/12/98</u>	<u>30⁰⁰</u>
<u>Geneva Winklerich 1116 Wyatt Ave. Stevens Point, WI 54481</u>	<u>In-kind - lodging</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11/01/98</u>	<u>200⁰⁰</u>
<u>Mary Moon Wispuk Lakeside Blvd. Ladysmith, WI 54848</u>	<u>In-kind Radio</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>11/02/98</u>	<u>35⁰⁰</u>
<u>Unitemized disbursements under \$200</u>	<u>Travel & office expense</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<u>795⁰⁴</u>

SUBTOTAL of Disbursements This Page (optional) 1,235⁰⁴

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) **WEST FOR Congress** C00-292896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican Party of Wisconsin P.O. Box 31 Madison, WI 53701	In-kind lists Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$ 1,000 In-kind
B. Full Name, Mailing Address and ZIP Code Petty Cash - Travel Reimb. P.O. Box 1000 Stevens Point, WI 54481	Purpose of Disbursement Travel & office exp. reimb. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/23/98	\$ 200
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000
TOTAL This Period (last page this line number only)	27,506.84

SCHEDULE B

ITEMIZED DISBURSEMENTS

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) **WEST For Congress** C00292896

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SCOTT WEST 2501 Rice St Stevens Point, WI 54481	Loan Return Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/18	\$ 1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 1000
TOTAL This Period (last page this line number only)	\$ 1000

LOANS

Name of Committee (in Full) WEST FOR CONGRESS		C 00292896	
A. Full Name, Mailing Address and ZIP Code of Loan Source SCOTT WEST 2501 Rice St. Stevens Point, WI 54481		Original Amount of Loan \$16,622⁵⁷	Cumulative Payment To Date \$1,000
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period \$15,622⁵⁷	
Terms: Date Incurred <u>1/1/97</u> Date Due _____ Interest Rate <u>0</u> % (apr)		<input type="checkbox"/> Secured No	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period	
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
WEST For Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cellulink 5424 Hwy 10E. Stevens Point, WI 54481	*2240. ⁰⁴	405 ⁷³		2,645 ⁷⁷
Nature of Debt (Purpose): Cell Phone Service				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SCOTT WEST 2501 Rice St Stevens Point, WI 54481	2,000			*2,000
Nature of Debt (Purpose): Aristotle Purchase				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Plover Press 4100 Plover Rd Plover, WI 54467	1,518 ²⁵	523 ⁷²	*2041 ⁹⁷	*Q
Nature of Debt (Purpose): Printing Expense				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor John Fremstad 1020 1 st St., Suite 206 Stevens Point, WI 54481	2,750			*2,750
Nature of Debt (Purpose): 96 Media Fees				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Tim Kersten 1408 Timber Lane Wausau, WI 54481	1,000			*1,000
Nature of Debt (Purpose): 96 Fundraising Expense				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Heritage Investments 1145 Clark St Stevens Point, WI 54481	9,300			*9,300
Nature of Debt (Purpose): 96 Rent Expense				
1) SUBTOTALS This Period This Page (optional)				17,695 ⁷⁷
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
WEST FOR Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor F/P Research Associates Washington, DC 20006	3,874 ⁷⁶			3,874 ⁷⁶
Nature of Debt (Purpose): 96 Fundraising Expense				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor B.M.S. 411 Linwood Stevens Point, WI 54481	630 ⁷⁵			630 ⁷⁵
Nature of Debt (Purpose): 96 Printing Expense				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor E.O. Johnson 5400 W. Stewart Ave Wausau, WI 54402	243 ³⁷			243 ³⁷
Nature of Debt (Purpose): 96 Services				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Lutz Research Arlington, VA 22204	1132 ²⁶			1,132 ²⁶
Nature of Debt (Purpose): 96 Consulting				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor United States Cellular 261 Main St. La Crosse WI, 54601	425 ⁰⁸			425 ⁰⁸
Nature of Debt (Purpose): 96 Phone Expense				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Stephen Clause Associates 200 S. Vine St. Marshfield, WI 54449	4,530			4,530
Nature of Debt (Purpose): 96 Media				
1) SUBTOTALS This Period This Page (optional)				10,835 ⁷²
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 3 of for
LINE NUMBER 70
(Use separate schedule
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
West For Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Hadley Office Supply 2607 Post Road Stevens Point, WI 54481	150 ⁰⁴	223 ⁹²		373 ⁹⁶
Nature of Debt (Purpose): Office Equip Rental				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Wisconsin Label Corp. P.O. Box 127 Algoma WI, 54201	198 ⁶⁷			198 ⁶⁷
Nature of Debt (Purpose): Labels				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Burkhart Communications 907 South Oak Marshfield, WI 54449	1062 ⁸¹			1062 ⁸¹
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor City Water Dept. P.O. Box 242 Stevens Point, WI 54481	63 ⁴⁴	25 ⁰⁰		88 ⁴⁴
Nature of Debt (Purpose): Utilities				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor QEV Analytic 410 Constitution Ave, NE Washington, DC 20002	420 ⁵⁰	454 ⁷³		875 ²³
Nature of Debt (Purpose): Travel Reimb.				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Regency Suites Hotel 333 Main St. Green Bay, WI 54301	312 ⁹⁰			312 ⁹⁰
Nature of Debt (Purpose): Event Expense				

1) SUBTOTALS This Period This Page (optional)	2,912 ⁰¹
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 4 of for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
WEST FOR Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sprint P.O. Box 650338 Dallas TX 75265	755 ¹²	187 ⁹⁰		943 ⁰²
Nature of Debt (Purpose): Phone Service				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ameritech P.O. Box 84000 Columbus OH 43284	181 ³⁹	599 ⁵⁷		780 ⁹⁶
Nature of Debt (Purpose): Phone Service				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Wisc. Public Service Corp. P.O. Box 19003 Green Bay WI 54307	348 ⁹²	126 ²⁴		475 ¹⁶
Nature of Debt (Purpose): Utilities				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Eco-Print 2508 Church St. Stevens Point, WI 54481		126 ⁶⁰		126 ⁶⁰
Nature of Debt (Purpose): Envelope Printing				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor AST Travel 11201 SE 8th St, Suite 100 Bellevue, WA 98004		115 ⁵⁹		115 ⁵⁹
Nature of Debt (Purpose): Excise tax for Charter				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MCI P.O. Box 85253 Louisville, KY 40285		656 ¹⁸		656 ¹⁸
Nature of Debt (Purpose): Phone Service				
1) SUBTOTALS This Period This Page (optional)				3,097 ⁵⁷
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 5 of for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Creditor (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
West For Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Copy Center 101 Division St - N. Stevens Point, WI 54481		500 ⁵²		500 ⁵²
Nature of Debt (Purpose): Printing & Copying				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Wisc. Right to Life 10625 W. North Ave, Ste 4 Milwaukee, WI 53226		1,953 ⁸⁴		1,953 ⁸⁴
Nature of Debt (Purpose): List Rental				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Cross & Oberlie 916 Byrd Ave. Menasha, WI 54956		7,350		7,350
Nature of Debt (Purpose): Signs & material				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Prime Living P.O. Box 146 ⁹ Wausau, WI 54402		298 ³⁵		298 ³⁵
Nature of Debt (Purpose): Newspaper Ad				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Wausau Club 309 McClellan St. Wausau, WI 54403		1,050 ⁰¹		1,050 ⁰¹
Nature of Debt (Purpose): Event Expense				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Wausau Chamber of Commerce PO Box 6190 Wausau, WI 54402		120 ⁰⁰		120 ⁰⁰
Nature of Debt (Purpose): Event Expense				
1) SUBTOTALS This Period This Page (optional)				11,272 ⁷²
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 12 of for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
WEST For Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Tarrance Group 201 N. Union St, Suite 410 Alexandria, VA 22314		7,250		7,250
Nature of Debt (Purpose): Polling				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Blip Communications 214 Blue Lakes Blvd Twin Falls, ID 83301		29,707 ²³		29,707 ²³
Nature of Debt (Purpose): Mail Expense.				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David G. Bousak 10109 Donleigh Dr Columbia, MD 21046		*12,500		12,500
Nature of Debt (Purpose): Consulting Fee				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Chris Jones 401 Michigan Ave, Apt 102D Stevens Point, WI 54481		*1,500		1,500
Nature of Debt (Purpose): Bldg Maint.				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Chris Zarada 1440 17 th Ave South Wisc. Rapids, WI 54494		*1,500		1,500
Nature of Debt (Purpose): Sign Placement.				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Channel 7 - Wausau Wausau, WI 54401		1,551 ²⁵		1,551 ²⁵
Nature of Debt (Purpose): TV Buy				
1) SUBTOTALS This Period This Page (optional)				54,008 ⁶⁸
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 7 of 10 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)


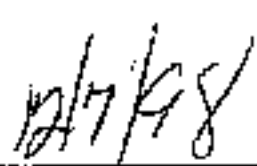
Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<u>West For Congress</u>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <u>USPS.</u> <u>Stewens Point, WI 54481</u>		<u>5,562⁴¹</u>		<u>5,562⁴¹</u>
Nature of Debt (Purpose): <u>Postage</u>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <u>WOFM - Radio</u> <u>Wausau, WI 54401</u>		<u>162⁰⁰</u>		<u>162⁰⁰</u>
Nature of Debt (Purpose): <u>Additional Buy</u>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <u>KAYY - Radio.</u> <u>Duluth, MN</u>		<u>598⁴⁰</u>		<u>598⁴⁰</u>
Nature of Debt (Purpose): <u>Additional Buy</u>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	<u>6,322⁸⁹</u>
2) TOTALS This Period (last page in this line only)	<u>106,145³⁰</u>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<u>15,622³²</u>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<u>121,767⁸⁷</u>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/13/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	 DATE PREPARED