

**FEC FORM 3P** **REPORT OF RECEIPTS AND DISBURSEMENTS**  
 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print) Example: If typing, type over the lines. 12FE4M5

SCOTT WALKER INC

ADDRESS (number and street) PO BOX 620590

Check if different than previously reported. (ACC)

MIDDLETON WI 53562

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00580480 3. THIS REPORT IS FOR Primary or General

4. TYPE OF REPORT (Choose One) Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

Thirtieth day report following the General Election on

Twelfth day report preceding election on in the State of

Is this Report an Amendment? yes no

5. Covering Period 03 / 01 / 2016 through 03 / 31 / 2016

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

Type or Print Name of Treasurer KATE LIND

Signature of Treasurer KATE LIND [Electronically Filed] Date 04 / 20 / 2016

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

Office Use Only							
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Write or Type Committee Name

# SCOTT WALKER INC

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

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="77754.08"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="127649.59"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="205403.67"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	<input type="text" value="179889.09"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="25514.58"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="952255.56"/>
13. EXPENDITURES SUBJECT TO LIMITATION .....	<input type="text" value="110.00"/>

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	<input type="text" value="7667786.40"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="7799793.91"/>

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

**SCOTT WALKER INC**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
03 / 01 / 2016

To:

M M / D D / Y Y Y Y  
03 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	42420.00	5207716.54
(ii) unitemized .....	6028.94	2855527.86
(iii) Total contributions .....	48448.94	8063244.40
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	5000.00	48100.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	53448.94	8111344.40
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	946.91	63615.83
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	946.91	63615.83
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	73253.74	157522.09
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	127649.59	8332482.32

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

**SCOTT WALKER INC**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
03 / 01 / 2016

To:

M M / D D / Y Y Y Y  
03 / 31 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

23. OPERATING EXPENDITURES.....	172489.09	7863409.74
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	7400.00	438558.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	7400.00	443558.00
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	179889.09	8306967.74

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

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

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

Office Use Only

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

2. FEC IDENTIFICATION NUMBER

C C00580480

SCOTT WALKER INC

ADDRESS (number and street)

PO BOX 620590

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

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

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 8 / 58

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Mailing Address **2886 FALL CREEK DRIVE**

City State Zip Code  
**GRAND JUNCTION CO 81503**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17A.143462**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 12 2016**

Amount of Each Receipt this Period  
**50.00**

Memo Item

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

Mailing Address **603 KARA LANE**

City State Zip Code  
**GRAFTON WI 53024**

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

Name of Employer Occupation  
**ANSAY & ASSOCIATES CEO**

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

**Transaction ID : SA17A.143518**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 17 2016**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DAVID BEIGHTOL**

Mailing Address **3800 LELAND STREET**

City State Zip Code  
**CHEVY CHASE MD 20815**

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

Name of Employer Occupation  
**FLYWHEEL GOV SOLUTIONS CONSULTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17A.143351**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 09 2016**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 9 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Mailing Address 3058 FARMINGTON DRIVE SE

City ATLANTA State GA Zip Code 30339

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17A.143501**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2016

Amount of Each Receipt this Period

500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**A COMPTON BRODERS**

Mailing Address 4022 SHANNON LANE

City DALLAS State TX Zip Code 75205

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17A.143538**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2016

Amount of Each Receipt this Period

1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PAMELA CLAYPOOL**

Mailing Address 12448 BENTBROOK DRIVE

City CHESTERLAND State OH Zip Code 44026

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

Name of Employer Occupation  
AIRGAS USA LLC PRESIDENT NORTH DIVISION

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
635.00

**Transaction ID : SA17A.143498**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2016

Amount of Each Receipt this Period

35.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ 1535.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**J. LEWIS COOPER JR.**

Mailing Address **743 LOCHMOOR BOULEVARD**

City State Zip Code  
**GROSSE POINTE WOODS MI 48236**

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

Name of Employer Occupation  
**GREAT LAKES WINE & SPIRITS BOARD MEMBER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17A.143398**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 12 2016**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BERNARD E. DAHLIN**

Mailing Address **2670 GOOD SHEPHERD LANE**

City State Zip Code  
**GREEN BAY WI 54313**

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

Name of Employer Occupation  
**NICHOLS PAPER PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17A.143412**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 12 2016**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MARTIN DAVIS**

Mailing Address **401 SPRESSER STREET**

City State Zip Code  
**TAYLORVILLE IL 62568**

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

Name of Employer Occupation  
**MDAVIS MGMT CO INC SELF-EMPLOYED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**350.00**

**Transaction ID : SA17A.143477**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 11 2016**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**Subtotal Of Receipts This Page** (optional)..... **850.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD DIETL**

Mailing Address **8 OLD HOMESTEAD WAY**

City State Zip Code  
**ALBERTSON NY 11507**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID : SA17A.143535**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			29			2016			

Amount of Each Receipt this Period

<b>2700.00</b>
----------------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOEL S FRANK**

Mailing Address **3586 BISHOPS WAY**

City State Zip Code  
**MIDDLETON WI 53562**

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

Name of Employer Occupation  
**FRANK LIQUOR CO., INC. WHOLESALE DISTRIBUTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17A.143723**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			15			2016			

Amount of Each Receipt this Period

<b>2000.00</b>
----------------

Memo Item

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

Mailing Address **PO BOX 1651**

City State Zip Code  
**MADISON WI 53701**

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

Name of Employer Occupation  
**THE CHAMPION GROUP, LLC PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID : SA17A.143345**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2016			

Amount of Each Receipt this Period

<b>2700.00</b>
----------------

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ **7400.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**CATHY GILLESPIE**

Mailing Address 9382 MOUNT VERNON CIRCLE

City State Zip Code  
ALEXANDRIA VA 22309

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

Name of Employer Occupation  
ED GILLESPIE STRATEGIES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

**Transaction ID : SA17A.143502**

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2016

SEE REATTRIBUTION

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 9382 MOUNT VERNON CIRCLE

City State Zip Code  
ALEXANDRIA VA 22309

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

Name of Employer Occupation  
ED GILLESPIE STRATEGIES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17A.143502.0**

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2016

REATTRIBUTION TO SPOUSE

Amount of Each Receipt this Period  
-2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ED GILLESPIE**

Mailing Address 9382 MOUNT VERNON CIRCLE

City State Zip Code  
ALEXANDRIA VA 22309

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

Name of Employer Occupation  
ED GILLESPIE STRATEGIES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17A.143502.1**

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2016

REATTRIBUTION FROM SPOUSE

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN T HAZEL**

Mailing Address **6254 HUNTLEY ROAD**

City **BROAD RUN** State **VA** Zip Code **20137**

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

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**350.00**

**Transaction ID : SA17A.143528**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 24 / 2016**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address **146 WHITNEY HILL RD**

City **TUNBRIDGE** State **VT** Zip Code **05077**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**505.00**

**Transaction ID : SA17A.143608**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 11 / 2016**

Amount of Each Receipt this Period  
**50.00**

Memo Item

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

Mailing Address **3100 CLEARVIEW PARKWAY**

City **METAIRIE** State **LA** Zip Code **70006**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : SA17A.143678**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 11 / 2016**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**Subtotal Of Receipts This Page** (optional)..... **550.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 14 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD KARTH**

Mailing Address 4355 PLEASANT VALLEY ROAD

City	State	Zip Code
GRAFTON	WI	53024

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

Name of Employer	Occupation
UNEMPLOYED	MORTGAGE BANKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : SA17A.143568**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			16			2016			

Amount of Each Receipt this Period

_____ 500.00
--------------

Memo Item

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

Mailing Address 8335 RIVERBIRCH DRIVE

City	State	Zip Code
ROSWELL	GA	30076

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 328.00

**Transaction ID : SA17A.143370**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2016			

Amount of Each Receipt this Period

_____ 40.00
-------------

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ARTHUR LANDGREN**

Mailing Address 2707 SW 6TH STREET

City	State	Zip Code
DELRAY BEACH	FL	33445

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

Name of Employer	Occupation
LYNN UNIVERSITY	BOARD OF TRUSTEES

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17A.143645**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			21			2016			

Amount of Each Receipt this Period

_____ 50.00
-------------

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 590.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR LANDGREN**

Mailing Address **2707 SW 6TH STREET**

City **DELRAY BEACH** State **FL** Zip Code **33445**

FEC ID number of contributing federal political committee.

Name of Employer **LYNN UNIVERSITY** Occupation **BOARD OF TRUSTEES**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143641**

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address **921 FARWELL DR**

City **MADISON** State **WI** Zip Code **53704**

FEC ID number of contributing federal political committee.

Name of Employer **PHILLIPS DISTRIBUTING** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143727**

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address **15 CENTRAL PARK WEST**

City **NEW YORK** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee.

Name of Employer **THIRD POINT LLC** Occupation **INVESTMENT MANAGER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143514**

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

Amount of Each Receipt this Period

Memo Item

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**GARY MANLEY**

Mailing Address 9336 SIENNA RIDGE DR.

City	State	Zip Code
LAS VEGAS	NV	89117

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ROSEMAN UNIVERSITY	PHYSICIAN ASSISTANT

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143378**

Date of Receipt  

M M / D D / Y Y Y Y
03 / 11 / 2016

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KATHLEEN M MCGINN**

Mailing Address 742 ELM GROVE ROAD

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143527**

Date of Receipt  

M M / D D / Y Y Y Y
03 / 22 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 808 SUNRISE AVE.

City	State	Zip Code
FORT COLLINS	CO	80524

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143448**

Date of Receipt  

M M / D D / Y Y Y Y
03 / 01 / 2016

Amount of Each Receipt this Period

Memo Item

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

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**JERRY OSTLER**

Mailing Address **808 SUNRISE AVE.**

City	State	Zip Code
FORT COLLINS	CO	80524

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
360.00

**Transaction ID : SA17A.143657**

Date of Receipt

**03 / 07 / 2016**

Amount of Each Receipt this Period

20.00

Memo Item

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

Mailing Address **808 SUNRISE AVE.**

City	State	Zip Code
FORT COLLINS	CO	80524

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
380.00

**Transaction ID : SA17A.143650**

Date of Receipt

**03 / 14 / 2016**

Amount of Each Receipt this Period

20.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY L PENCE**

Mailing Address **N6548 WESTWIND DR**

City	State	Zip Code
FOND DU LAC	WI	54937

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

Name of Employer	Occupation
BADGER LIQUOR	PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17A.143725**

Date of Receipt

**03 / 15 / 2016**

Amount of Each Receipt this Period

2000.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ 2040.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 18 / 58

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BARRY QUART</b>		<b>Transaction ID : SA17A.143407</b>
Mailing Address <b>1350 E FLAMINGO ROAD</b> #349		Date of Receipt
City <b>LAS VEGAS</b> State <b>NV</b> Zip Code <b>89119</b>		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer <b>HERON THERAPEUTICS</b>	Occupation <b>RESEARCH</b>	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>GWEN A ROGERS</b>		<b>Transaction ID : SA17A.143394</b>
Mailing Address <b>8620 NW 13TH STREET</b> #160		Date of Receipt
City <b>GAINESVILLE</b> State <b>FL</b> Zip Code <b>32653</b>		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="215.00"/>	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MR. GARY SADOFF</b>		<b>Transaction ID : SA17A.143721</b>
Mailing Address <b>850 MORRIS ST</b>		Date of Receipt
City <b>FOND DU LAC</b> State <b>WI</b> Zip Code <b>54935</b>		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text" value="2000.00"/>
Name of Employer <b>BADGER LIQUOR</b>	Occupation <b>C.E.O.</b>	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**LACEY A SADOFF**

Mailing Address 311 E ERIE ST UNIT 409

City	State	Zip Code
MILWAUKEE	WI	53202

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BADGER LIQUOR	VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143729**

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

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**A. J. SCARAMUCCI**

Mailing Address 72 WEBSTER AVENUE

City	State	Zip Code
PORT WASHINGTON	NY	11050

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143540**

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ALEXANDER SCARAMUCCI**

Mailing Address 171 ELDERFIELDS ROAD

City	State	Zip Code
MANHASSET	NY	11030

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GOOGLE	ASSOCIATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143544**

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

Amount of Each Receipt this Period

Memo Item

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**AMELIA SCARAMUCCI**

Mailing Address 171 ELDERFIELDS ROAD

City State Zip Code  
MANHASSET NY 11030

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
STUDENT STUDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143548**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 72 WEBSTER AVENUE

City State Zip Code  
PORT WASHINGTON NY 11050

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143715**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2016

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PAUL SHIMEK**

Mailing Address 10709 W RIVER RD

City State Zip Code  
BROOKLYN PARK MN 55443

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.143552**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2016

Amount of Each Receipt this Period

Memo Item

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Mailing Address 12100 COUNTY ROAD 8490

City	State	Zip Code
NEWBURG	MO	65550

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17A.143525**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			18			2016			

Amount of Each Receipt this Period

_____	50.00
-------	-------

Memo Item

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

Mailing Address 3215 JAMES DAY AVE

City	State	Zip Code
SUPERIOR	WI	54880

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

Name of Employer	Occupation
SARATOGA LIQUOR COMPANY	DISTRIBUTOR

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17A.143731**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			15			2016			

Amount of Each Receipt this Period

_____	1000.00
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Memo Item

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

Mailing Address 8389 HEARTWOOD DR

City	State	Zip Code
NEWPORT	MI	48166

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

Name of Employer	Occupation
RED SPOT PAINT	GENERAL MANAGER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 235.00

**Transaction ID : SA17A.143469**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			11			2016			

Amount of Each Receipt this Period

_____	50.00
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Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ **1100.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**GREGORY WENDT**

Mailing Address **1 MARKET STREET**

City State Zip Code  
**SAN FRANCISCO CA 94105**

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

Name of Employer Occupation  
**CAPITAL GROUP FINANCE**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID : SA17A.143392**

Date of Receipt

**03 / 23 / 2016**

Amount of Each Receipt this Period

**2700.00**

Memo Item

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

Mailing Address **13815 HOLLY ROAD**

City State Zip Code  
**EDEN PRAIRE MN 55346**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**275.00**

**Transaction ID : SA17A.143533**

Date of Receipt

**03 / 25 / 2016**

Amount of Each Receipt this Period

**75.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HERSCHEL WILLIAMS**

Mailing Address **9453 JAMAICA BEACH**

City State Zip Code  
**GALVESTON TX 77554**

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

Name of Employer Occupation  
**THE INTEGRAL GROUP OWNER - SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**350.00**

**Transaction ID : SA17A.143396**

Date of Receipt

**03 / 11 / 2016**

Amount of Each Receipt this Period

**100.00**

Memo Item

**Subtotal Of Receipts This Page** (optional)..... **2875.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Mailing Address 9810 STATE HIGHWAY 220

City	State	Zip Code
CASPER	WY	82604

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1700.00

**Transaction ID : SA17A.143352**

Date of Receipt

M M / D D / Y Y Y Y
03 / 12 / 2016

Amount of Each Receipt this Period

100.00
--------

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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Memo Item

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

100.00
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**Total This Period** (last page this line number only).....▶ 

42420.00
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# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**TAVERN LEAGUE OF WISCONSIN INC FEDERAL PAC (WIS TAV PAC)**

Mailing Address **2817 FISH HATCHERY ROAD**

City **MADISON** State **WI** Zip Code **53713**

FEC ID number of contributing federal political committee. **C C00429159**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5000.00**

**Transaction ID : SA17C.143347**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
03			21			2016			

**EXCESS TO BE REFUNDED**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ **5000.00**

**Total This Period** (last page this line number only).....▶ **5000.00**



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**THE MADISON CLUB INC**

Mailing Address **5 E WILSON STREET**

City	State	Zip Code
<b>MADISON</b>	<b>WI</b>	<b>53703</b>

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**946.91**

**Transaction ID : SA20A.143508**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 09 / 2016**

**VENDOR REFUND: OVERPAYMENT**

Amount of Each Receipt this Period  
**946.91**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**Subtotal Of Receipts This Page** (optional)..... **946.91**

**Total This Period** (last page this line number only)..... **946.91**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Mailing Address POST OFFICE BOX 262

City DUBLIN State NH Zip Code 03444-0262

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA21.143719**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

Memo Item

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

Mailing Address POST OFFICE BOX 262

City DUBLIN State NH Zip Code 03444-0262

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA21.143716**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

Memo Item

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

Mailing Address POST OFFICE BOX 262

City DUBLIN State NH Zip Code 03444-0262

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA21.143717**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

Memo Item

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Mailing Address POST OFFICE BOX 262

City	State	Zip Code
DUBLIN	NH	03444-0262

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA21.143718**

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

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

Memo Item

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

Mailing Address POST OFFICE BOX 262

City	State	Zip Code
DUBLIN	NH	03444-0262

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA21.143536**

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

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. ASHBY LAW PLLC</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 717 PRINCESS STREET		<b>Transaction ID : SB23.143762</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. ASPECT CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		<b>Transaction ID : SB23.143295</b>
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12051.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. ASPECT CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		<b>Transaction ID : SB23.143296</b>
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 12.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:      District:		

Subtotal Of Receipts This Page (optional)..... 17063.70

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. THERESA BALISTRERI</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 4085 S ADELL AVE		<b>Transaction ID : SB23.143758</b>
City NEW BERLIN	State WI	
Purpose of Disbursement EVENT & STAGING EXPENSE	Category/ Type	Amount of Each Disbursement this Period 174.00
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>B. BAREFOOT CODERS LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 1923 BRAGG STREET #140-2433		<b>Transaction ID : SB23.143297</b>
City STANFORD	State NC	
Purpose of Disbursement TECHNICAL SERVICES	Category/ Type 101	Amount of Each Disbursement this Period 8750.00
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>C. BMO HARRIS BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address 1 W MAIN STREET		<b>Transaction ID : SB23.143778</b>
City MADISON	State WI	
Purpose of Disbursement BANK FEES	Category/ Type	Amount of Each Disbursement this Period 169.34
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Subtotal Of Receipts This Page (optional)..... 9093.34

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.143763</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 330.00	
Purpose of Disbursement REVENUE SHARE & FEES	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.143298</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 4257.98	
Purpose of Disbursement REVENUE SHARE & FEES	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2016
Mailing Address 117 NORTH SAINT ASAPH STREET		<b>Transaction ID : SB23.143764</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 16060.70	
Purpose of Disbursement DIGITAL CONSULTING	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 20648.68

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. CONNECTIVIST MEDIA</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 544 E OGDEN AVE #700-161		<b>Transaction ID : SB23.143299</b>
City MILWAUKEE State WI Zip Code 53202	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement ONLINE ADVERTISING	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DIRECT MAIL MARKETING GROUP</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2016
Mailing Address 22780 INDIAN CREEK DRIVE		<b>Transaction ID : SB23.143300</b>
City DULLES State VA Zip Code 20166	Amount of Each Disbursement this Period 8851.32	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DMM MEDIA</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2016
Mailing Address 1911 N FORT MYER DRIVE #400		<b>Transaction ID : SB23.143301</b>
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period 9756.93	
Purpose of Disbursement VIDEO PRODUCTION SERVICES	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 23608.25

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. FLS CONNECT LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 7300 HUDSON BLVD #270		<b>Transaction ID : SB23.143302</b>
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement TELEMARKETING AND DATA	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAURA GRALTON</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address N60 W39698 MARY LANE		<b>Transaction ID : SB23.143303</b>
City OCONOMOWOC State WI Zip Code 53066	Amount of Each Disbursement this Period 7370.58	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GRANITE LISTS</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address PO BOX 262		<b>Transaction ID : SB23.143765</b>
City DUBLIN State NH Zip Code 03444	Amount of Each Disbursement this Period 1981.93	
Purpose of Disbursement LIST RENTAL - FAIR MARKET VALUE	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 19352.51

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial)

**A. GRANITE LISTS**

Mailing Address PO BOX 262

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
LIST RENTAL - FAIR MARKET VALUE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2016

Transaction ID : SB23.143766

Amount of Each Disbursement this Period

3677.52
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. I360 LLC**

Mailing Address PO BOX 37046

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2016

Transaction ID : SB23.143304

Amount of Each Disbursement this Period

7500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ISTREAM FINANCIAL SERVICES**

Mailing Address 13555 BISHOPS COURT

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2016

Transaction ID : SB23.143767

Amount of Each Disbursement this Period

38.24
-------

Memo Item

Subtotal Of Receipts This Page (optional)..... 11215.76

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. JONES DAY</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address PO BOX 7805, BEN FRANKLIN STATION		Transaction ID : <b>SB23.143305</b>
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5000.00
Category/ Type 101		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JUST WIN STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2016
Mailing Address PO BOX 2561		Transaction ID : <b>SB23.143306</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2500.00
Category/ Type 101		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LG STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2016
Mailing Address 69 BIRON STREET		Transaction ID : <b>SB23.143307</b>
City MANCHESTER	State NH	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7500.00
Category/ Type 101		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 15000.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. LOTAME SOLUTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 8850 STANFORD BLVD #2000		<b>Transaction ID : SB23.143308</b>
City COLUMBIA	State MD	
Purpose of Disbursement DIGITAL CONSULTING	Category/Type 101	Amount of Each Disbursement this Period 7500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MAJIC PRODUCTIONS INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2016
Mailing Address 21365 GATEWAY COURT #100		<b>Transaction ID : SB23.143310</b>
City BROOKFIELD	State WI	
Purpose of Disbursement EVENT & STAGING EXPENSE	Category/Type 101	Amount of Each Disbursement this Period 9500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ROBERT H NELSON</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2016
Mailing Address 1829 BAY STREET SE		<b>Transaction ID : SB23.143311</b>
City WASHINGTON	State DC	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type 101	Amount of Each Disbursement this Period 8065.90
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 25065.90

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. OKTA</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 301 BRANNAN STREET #300		Transaction ID : SB23.143768
City SAN FRANCISCO	State CA	
Purpose of Disbursement DATA MANAGEMENT SERVICES	Candidate Name	Amount of Each Disbursement this Period 5760.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		
Full Name (Last, First, Middle Initial) <b>B. PERCOLATE</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 107 GRAND STREET, 2ND FLOOR		Transaction ID : SB23.143312
City NEW YORK	State NY	
Purpose of Disbursement TECHNICAL SERVICES	Candidate Name	Amount of Each Disbursement this Period 6000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		
Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Transaction ID : SB23.143314
City BEVERLY	State MA	
Purpose of Disbursement COMPLIANCE SOFTWARE	Candidate Name	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... **13760.00**

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

23    24    25    26    27a  
 27b    28a    28b    28c    29

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A. SCM ASSOCIATES INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 254

City DUBLIN   State NH   Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House    Senate    President

Disbursement For: 2016  
 Primary    General  
 Other (specify) ▼

State:   District:

Date of Disbursement  
MM / DD / YYYY  
03 / 06 / 2016

**Transaction ID : SB23.143316**

Amount of Each Disbursement this Period  
685.50

Memo Item

Category/Type: 101

**B. SCM ASSOCIATES INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 254

City DUBLIN   State NH   Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought:  House    Senate    President

Disbursement For: 2016  
 Primary    General  
 Other (specify) ▼

State:   District:

Date of Disbursement  
MM / DD / YYYY  
03 / 29 / 2016

**Transaction ID : SB23.143317**

Amount of Each Disbursement this Period  
1018.00

Memo Item

Category/Type: 101

**C. SHIRLEY & BANISTER PUBLIC AFFAIRS**

Full Name (Last, First, Middle Initial)  
Mailing Address 122 S PATRICK STREET

City ALEXANDRIA   State VA   Zip Code 22314

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House    Senate    President

Disbursement For: 2016  
 Primary    General  
 Other (specify) ▼

State:   District:

Date of Disbursement  
MM / DD / YYYY  
03 / 29 / 2016

**Transaction ID : SB23.143318**

Amount of Each Disbursement this Period  
2500.00

Memo Item

Category/Type: 101

**Subtotal Of Receipts This Page** (optional)..... 4203.50

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address 529 14TH STREET NW #350		<b>Transaction ID : SB23.143769</b>
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 15.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 529 14TH STREET NW #350		<b>Transaction ID : SB23.143770</b>
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 793.12
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2016
Mailing Address 529 14TH STREET NW #350		<b>Transaction ID : SB23.143771</b>
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 15.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**Subtotal Of Receipts This Page** (optional).....  823.12

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A. STRIPE**

Full Name (Last, First, Middle Initial)

Mailing Address 529 14TH STREET NW #350

City WASHINGTON State DC Zip Code 20045

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 25 / 2016

Transaction ID : SB23.143772

Amount of Each Disbursement this Period: 45.00

Memo Item

**B. THE CHAMPION GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1651

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 06 / 2016

Transaction ID : SB23.143773

Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. THE CHAMPION GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1651

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 17 / 2016

Transaction ID : SB23.143774

Amount of Each Disbursement this Period: 57.05

Memo Item

Subtotal Of Receipts This Page (optional)..... 2102.05

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. THE MADISON CLUB</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2016
Mailing Address 5 E WILSON ST		<b>Transaction ID : SB23.143775</b>
City MADISON	State WI	
Purpose of Disbursement CATERING/EVENT SERVICES	Category/ Type	Amount of Each Disbursement this Period 411.75
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRANSAXT</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 190 MONROE AVENUE NW #500		<b>Transaction ID : SB23.143776</b>
City GRAND RAPIDS	State MI	
Purpose of Disbursement REVENUE SHARE & FEES	Category/ Type	Amount of Each Disbursement this Period 530.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VIZR INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 259 TOPEKA AVENUE		<b>Transaction ID : SB23.143319</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement TECHNICAL SERVICES	Category/ Type 101	Amount of Each Disbursement this Period 9583.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 10524.75

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



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. WI DEPT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2016
Mailing Address PO BOX 8949		Transaction ID : <b>SB23.143777</b>
City MADISON	State WI	
Purpose of Disbursement RESEARCH FEE	Category/ Type	Amount of Each Disbursement this Period 27.53
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 27.53

Total This Period (last page this line number only)..... 172489.09

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. LISA A MAUER</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 9216 RIDGE BOULEVARD		<b>Transaction ID : SB28A.143759</b>
City WAUWATOSA	State WI Zip Code 53226	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DAVID NICHOLSON</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016
Mailing Address 1 MARTIN PLACE		<b>Transaction ID : SB28A.143760</b>
City GROSSE POINTE	State MI Zip Code 48230	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JOHN WENUM</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 427 HUNTERS HILL TRAIL		<b>Transaction ID : SB28A.143761</b>
City COLGATE	State WI Zip Code 53017	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 7400.00

Total This Period (last page this line number only)..... 7400.00

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**ACS SOUND & LIGHTING**

Nature of Debt (Purpose):  
 EVENT STAGING EXPENSE

Mailing Address 110 LOTT COURT

City State Zip Code  
 WEST COLUMBIA SC 29169

Outstanding Balance Beginning This Period

16816.11

Transaction ID : SD12.137408

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16816.11

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

Nature of Debt (Purpose):  
 COMPLIANCE CONSULTING

Mailing Address 8401 EXCELSIOR DRIVE #103

City State Zip Code  
 MADISON WI 53717

Outstanding Balance Beginning This Period

12063.70

Transaction ID : SD12.137411

Amount Incurred This Period

0.00

Payment This Period

12063.70

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**ATLAS STRATEGY GROUP LLC**

Nature of Debt (Purpose):  
 STRATEGY CONSULTING

Mailing Address 16 LOREN WOODS

City State Zip Code  
 ST LOUIS MO 63124

Outstanding Balance Beginning This Period

7800.58

Transaction ID : SD12.137412

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7800.58

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**BAREFOOT CODERS LLC**

Nature of Debt (Purpose):  
**TECHNICAL SERVICES**

Mailing Address 1923 BRAGG STREET #140-2433

City State Zip Code  
**STANFORD NC 27330**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137413**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
**FUNDRAISING CONSULTING**

Mailing Address PO BOX 577832

City State Zip Code  
**CHICAGO IL 60657**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137414**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CAMPAIGN SOLUTIONS**

Nature of Debt (Purpose):  
**DIGITAL CONSULTING**

Mailing Address 117 NORTH SAINT ASAPH STREET

City State Zip Code  
**ALEXANDRIA VA 22314**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.141563**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

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

Mailing Address 13195 FREEDOM WAY

City State Zip Code  
 BOSTON VA 22713

Outstanding Balance Beginning This Period

Transaction ID : SD12.137416

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CONNECTIVIST MEDIA**

Nature of Debt (Purpose):  
 ONLINE ADVERTISING

Mailing Address 544 E OGDEN AVE

#700-161

City State Zip Code  
 MILWAUKEE WI 53202

Outstanding Balance Beginning This Period

Transaction ID : SD12.4105

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DIRECT MAIL MARKETING GROUP**

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

Mailing Address 22780 INDIAN CREEK DRIVE

City State Zip Code  
 DULLES VA 20166

Outstanding Balance Beginning This Period

Transaction ID : SD12.137417

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DMM MEDIA**

Nature of Debt (Purpose):  
 VIDEO PRODUCTION SERVICES

Mailing Address 1911 N FORT MYER DRIVE #400

City State Zip Code  
 ARLINGTON VA 22209

Outstanding Balance Beginning This Period

Transaction ID : SD12.137418

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DRUCKER LAWHON LLP**

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Mailing Address 317 15TH STREET NE

City State Zip Code  
 WASHINGTON DC 20002

Outstanding Balance Beginning This Period

Transaction ID : SD12.137419

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**FASTLY INC.**

Nature of Debt (Purpose):  
 DIGITAL CONSULTING

Mailing Address PO BOX 78266

City State Zip Code  
 SAN FRANCISCO CA 94107

Outstanding Balance Beginning This Period

Transaction ID : SD12.137420

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
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- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**FLS CONNECT LLC**

Nature of Debt (Purpose):  
**TELEMARKETING AND DATA**

Mailing Address **7300 HUDSON BLVD #270**

City State Zip Code  
**SAINT PAUL MN 55128**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137421**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
**ONLINE ADVERTISING**

Mailing Address **1600 AMPHITHEATRE PARKWAY**

City State Zip Code  
**MOUNTAIN VIEW CA 94043**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137422**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LAURA GRALTON**

Nature of Debt (Purpose):  
**FUNDRAISING CONSULTING**

Mailing Address **N60 W39698 MARY LANE**

City State Zip Code  
**OCONOMOWOC WI 53066**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137423**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**GROUND GAME STRATEGIES**

Nature of Debt (Purpose):  
 FIELD CONSULTING

Mailing Address 300 HICKORY LANE

City State Zip Code  
 MAULDIN SC 29662

Outstanding Balance Beginning This Period

Transaction ID : SD12.137424

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
 EVENT CONSULTING

Mailing Address 1919 M STREET NW #200

City State Zip Code  
 WASHINGTON DC 20036

Outstanding Balance Beginning This Period

Transaction ID : SD12.137425

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**I360 LLC**

Nature of Debt (Purpose):  
 DATA MANAGEMENT SERVICES

Mailing Address PO BOX 37046

City State Zip Code  
 BALTIMORE MD 21297

Outstanding Balance Beginning This Period

Transaction ID : SD12.137426

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Nature of Debt (Purpose):  
**TECHNICAL SERVICES**

Mailing Address **LEGATO RD**

City State Zip Code  
**FAIRFAX VA 22033**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.141566**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JONES DAY**

Nature of Debt (Purpose):  
**LEGAL CONSULTING**

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

City State Zip Code  
**WASHINGTON DC 20044**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137430**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JUST WIN STRATEGIES**

Nature of Debt (Purpose):  
**FIELD CONSULTING**

Mailing Address **PO BOX 2561**

City State Zip Code  
**ALEXANDRIA VA 22301**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137431**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LG STRATEGIES LLC**

Nature of Debt (Purpose):  
 FIELD CONSULTING

Mailing Address 69 BIRON STREET

City State Zip Code  
 MANCHESTER NH 03102

Outstanding Balance Beginning This Period

Transaction ID : SD12.137432

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LOTAME SOLUTIONS INC.**

Nature of Debt (Purpose):  
 DIGITAL CONSULTING

Mailing Address 8850 STANFORD BLVD #2000

City State Zip Code  
 COLUMBIA MD 21045

Outstanding Balance Beginning This Period

Transaction ID : SD12.137433

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MAJIC PRODUCTIONS INC.**

Nature of Debt (Purpose):  
 EVENT STAGING EXPENSE

Mailing Address 21365 GATEWAY COURT  
 #100

City State Zip Code  
 BROOKFIELD WI 53045

Outstanding Balance Beginning This Period

Transaction ID : SD12.4111

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : SD12.4111

Line 12 'Amount Incurred This Period' value for Majic Productions Inc. reflects an administrative correction of - \$1,910.08 to the outstanding invoice from previously reported balance.

Form/Schedule:

Transaction ID:

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MASENG COMMUNICATIONS**

Nature of Debt (Purpose):  
 COMMUNICATIONS CONSULTING

Mailing Address 11309 BAROQUE ROAD

City State Zip Code  
 SILVER SPRING MD 20901

Outstanding Balance Beginning This Period

Transaction ID : SD12.4125

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MAVERICK FINANCE**

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Mailing Address 403 N SECOND STREET, 2ND FL

City State Zip Code  
 HARRISBURG PA 17101

Outstanding Balance Beginning This Period

Transaction ID : SD12.137442

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MMA EVENTS LLC**

Nature of Debt (Purpose):  
 EVENT STAGING EXPENSE

Mailing Address 1851 SOUTH CLUB DRIVE

City State Zip Code  
 HYATTSVILLE MD 20785

Outstanding Balance Beginning This Period

Transaction ID : SD12.4115

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
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- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**ROBERT H NELSON**

Nature of Debt (Purpose):  
**FUNDRAISING CONSULTING**

Mailing Address **1829 BAY STREET SE**

City State Zip Code  
**WASHINGTON DC 20003**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137444**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
**DATA MANAGEMENT SERVICES**

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

City State Zip Code  
**WINSTON-SALEM NC 27104**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137445**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
**DIGITAL CONSULTING**

Mailing Address **107 GRAND STREET, 2ND FLOOR**

City State Zip Code  
**NEW YORK NY 10013**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137447**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
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- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : SD12.137447

Line 12 'Amount Incurred This Period' value for Percolate reflects an administrative correction of -\$6,000 to the outstanding invoice from previously reported balance.

Form/Schedule:

Transaction ID:

# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**POLITICODE**

Nature of Debt (Purpose):  
WEB DEVELOPMENT

Mailing Address 3 CIRCLE DRIVE

City State Zip Code  
CARMEL IN 46032

Outstanding Balance Beginning This Period

36000.00

Transaction ID : SD12.137448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**PREFERRED COMMUNICATIONS**

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

Mailing Address 810 KING STREET #209

City State Zip Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

8438.41

Transaction ID : SD12.137450

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8438.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**PROSPECT STRATEGIC COMMUNICATIONS LLC**

Nature of Debt (Purpose):  
COMMUNICATIONS CONSULTING

Mailing Address PO BOX 17079

City State Zip Code  
ARLINGTON VA 22216

Outstanding Balance Beginning This Period

16198.98

Transaction ID : SD12.137451

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16198.98

- 1) **SUBTOTALS** This Period This Page (optional) .....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**RED CURVE SOLUTIONS LLC**

Nature of Debt (Purpose):  
 COMPLIANCE SOFTWARE & DEVELOPMENT

Mailing Address 138 CONANT STREET  
 2ND FLOOR

City State Zip Code  
 BEVERLY MA 01915

Outstanding Balance Beginning This Period

Transaction ID : SD12.137452

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SCM ASSOCIATES INC.**

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

Mailing Address PO BOX 254

City State Zip Code  
 DUBLIN NH 03444

Outstanding Balance Beginning This Period

Transaction ID : SD12.137454

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
 VIDEO PRODUCTION SERVICES

Mailing Address PO BOX 25122

City State Zip Code  
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137456

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Nature of Debt (Purpose):  
 COMMUNICATIONS CONSULTING

Mailing Address 122 S PATRICK STREET

City State Zip Code  
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137457

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SNOW PHOTOGRAPHY**

Nature of Debt (Purpose):  
 PHOTOGRAPHY SERVICES

Mailing Address PO BOX 34763

City State Zip Code  
 WASHINGTON DC 20043

Outstanding Balance Beginning This Period

Transaction ID : SD12.137458

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SUPERIOR STRATEGIES LLC**

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Mailing Address 717 KING STREET #205

City State Zip Code  
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137459

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE LUKENS COMPANY**

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

Mailing Address 2800 SHIRLINGTON ROAD  
 9TH FLOOR

City State Zip Code  
 ARLINGTON VA 22206

Outstanding Balance Beginning This Period

Transaction ID : SD12.137460

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Mailing Address 38 LAKEWOOD DRIVE

City State Zip Code  
 DENVER NJ 07834

Outstanding Balance Beginning This Period

Transaction ID : SD12.137465

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**VIZR INC.**

Nature of Debt (Purpose):  
 TECHNICAL SERVICES

Mailing Address 259 TOPEKA AVENUE

City State Zip Code  
 SAN FRANCISCO CA 94124

Outstanding Balance Beginning This Period

Transaction ID : SD12.137466

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="70478.85"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="952255.56"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only).....	<input type="text" value="952255.56"/>