

# 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

CITY

WI

STATE

53562

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)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- 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 MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

 yes  no

5. Covering Period

MM / DD / YYYY 01 / 01 / 2016

through

MM / DD / YYYY 01 / 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 03 / 11 / 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

Write or Type Committee Name

**SCOTT WALKER INC**

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	6

**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	153459.53
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	102404.52
8. SUBTOTAL (Lines 6 and 7) .....	255864.05
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	176666.89
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	79197.16
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	1078875.87
13. EXPENDITURES SUBJECT TO LIMITATION .....	1127340.28

**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) .....	7520076.22
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	7498897.41

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

**SCOTT WALKER INC**

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
01 / 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 .....	77400.00	5090892.54
(ii) unitemized .....	13489.00	2840917.92
(iii) Total contributions .....	90889.00	7931810.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	28400.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	90889.00	7960210.46
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 .....	3959.67	57925.92
(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)) .....	3959.67	57925.92
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	7555.85	58018.35
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	102404.52	8076154.73

**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:

01 / 01 / 2016

To:

01 / 31 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

23. OPERATING EXPENDITURES.....	165516.89	7556823.33
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.....	11150.00	435134.24
(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)) .....	11150.00	440134.24
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	176666.89	7996957.57

**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

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





# 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

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)  
**RICHARD BECKER**

Mailing Address **3496 N MURRAY AVENUE**

City	State	Zip Code
MILWAUKEE	WI	53211

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 ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17A.140593**

Date of Receipt

M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period

_____ 1000.00
---------------

Memo Item

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

Mailing Address **4076 WOODSIDE LN**

City	State	Zip Code
HUBERTUS	WI	53033

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17A.140617**

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

_____ 100.00
--------------

Memo Item

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

Mailing Address **10535 W COLLEGE AVENUE**

City	State	Zip Code
FRANKLIN	WI	53132

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

Name of Employer	Occupation
SELF-EMPLOYED	ENGINEER/REAL ESTATE DEVELOPER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17A.140619**

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period

_____ 300.00
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Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1400.00

**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)  
**DANIEL DEVOS**

Mailing Address 126 OTTAWA AVENUE NW, SUITE 500

City State Zip Code  
GRAND RAPIDS MI 49503

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

Name of Employer Occupation  
DP FOX LLC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17A.140698**

Date of Receipt

M M /  D D /  Y Y Y Y  
01 / 04 / 2016

Amount of Each Receipt this Period

2700.00

Memo Item

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

Mailing Address 126 OTTAWA AVENUE NW, SUITE 500

City State Zip Code  
GRAND RAPIDS MI 49503

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

Name of Employer Occupation  
AMWAY PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17A.140700**

Date of Receipt

M M /  D D /  Y Y Y Y  
01 / 04 / 2016

Amount of Each Receipt this Period

2700.00

Memo Item

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

Mailing Address 126 OTTAWA AVENUE NW, SUITE 500

City State Zip Code  
GRAND RAPIDS MI 49503

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17A.140702**

Date of Receipt

M M /  D D /  Y Y Y Y  
01 / 04 / 2016

Amount of Each Receipt this Period

2700.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....  8100.00

**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)  
**RICHARD DEVOS JR.**

Mailing Address 126 OTTAWA AVENUE NW, SUITE 500

City State Zip Code  
GRAND RAPIDS MI 49503

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WINDQUEST GROUP EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140710**

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)  
**SUZANNE C DEVOS**

Mailing Address 126 OTTAWA AVENUE NW, SUITE 500

City State Zip Code  
GRAND RAPIDS MI 49503

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RDV CORPORATION DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140712**

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)  
**DEBORAH DOOLITTLE**

Mailing Address 103 JEAN CIR

City State Zip Code  
JACKSONVILLE NC 28540

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
COASTAL CAROLINA COMMUNITY COLLEGE ENGLISH INSTRUCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140719**

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)  
**EDWARD W EASTON**

Mailing Address 10165 NW 19TH STREET

City	State	Zip Code
MIAMI	FL	33172

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

Name of Employer	Occupation
THE EASTON GROUP	PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17A.140728**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	6

Amount of Each Receipt this Period

_____	2700.00
-------	---------

Memo Item

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

Mailing Address 26 HILLCREST DR

City	State	Zip Code
KEARNEY	NE	68845

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.140744**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	6

Amount of Each Receipt this Period

_____	250.00
-------	--------

Memo Item

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

Mailing Address 11 DODGE DRIVE

City	State	Zip Code
WEST HARTFORD	CT	06107

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 ▼  
 \_\_\_\_\_ 850.00

**Transaction ID : SA17A.140764**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	6

Amount of Each Receipt this Period

_____	100.00
-------	--------

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ **3050.00**

**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)  
**SUSAN GORE**

Mailing Address 1740H DELL RANGE BOULEVARD #509

City State Zip Code  
CHEYENNE WY 82009

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.140793**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address 285 OXFORD STREET, APT 2B

City State Zip Code  
ROCHESTER NY 14607

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.140819**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address ONE ABC PARKWAY

City State Zip Code  
BELOIT WI 53511

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HENDRICKS HOLDING CO INC CHAIRPERSON

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140826**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

Memo Item

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

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(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)  
**RUTH E HUBBARD**

Mailing Address 5155 MIAMI RD

City State Zip Code  
CINCINNATI OH 45243

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 ▼  
450.00

**Transaction ID : SA17A.140846**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 04 / 2016

Amount of Each Receipt this Period

200.00

Memo Item

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

Mailing Address 884 SPANISH WELLS DRIVE

City State Zip Code  
MELBOURNE FL 32940

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 ▼  
203.00

**Transaction ID : SA17A.140854**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 13 / 2016

Amount of Each Receipt this Period

100.00

Memo Item

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

Mailing Address 3751 ROCKFISH RD.

City State Zip Code  
GROTTOES VA 24441

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.140856**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 30 / 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:  
(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)  
**ARIS MCMAHON**

Mailing Address 6908 PARK TERRACE DRIVE

City State Zip Code  
ALEXANDRIA VA 22307

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ADVANTAGE, INC. CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140963**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 1518 TWISTED OAK DR

City State Zip Code  
RESTON VA 20194

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NCG MEDIA LLC MEDIA DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140969**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 4659 KINSEY LANE

City State Zip Code  
ALEXANDRIA VA 22311

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PINPOINT MEDIA MEDIA BUYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140984**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 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)  
**BRUCE NELSON**

Mailing Address 7065 BROOKVIEW DR

City State Zip Code  
URBANDALE IA 50322

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED SALES

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.140998**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 2016

Amount of Each Receipt this Period

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.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.141024**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 18 / 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.141025**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 25 / 2016

Amount of Each Receipt this Period

Memo Item

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 28 / 74

(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)  
**BARBARA PEACOCK**

Mailing Address 7286 SNOWBERRY LN

City	State	Zip Code
CANAL WINCHES	OH	43110

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.141035**

Date of Receipt

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

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address 7286 SNOWBERRY LN

City	State	Zip Code
CANAL WINCHES	OH	43110

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.141036**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	6

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address 3950 N ELSTON

City	State	Zip Code
CHICAGO	IL	60618

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	MANAGER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.141040**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="2000.00"/>
--------------------------------------

Memo Item

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

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Mailing Address 3030 HARTLEY ROAD, SUITE 310

City	State	Zip Code
JACKSONVILLE	FL	32257

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AMBASSADOR	CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.141075**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	6

SEE REATTRIBUTION

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3030 HARTLEY ROAD, SUITE 310

City	State	Zip Code
JACKSONVILLE	FL	32257

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AMBASSADOR	CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.141076**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	6

REATTRIBUTION TO SONYA ROOD

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3030 HARTLEY ROAD, SUITE 310

City	State	Zip Code
JACKSONVILLE	FL	32257

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.141078**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	6

REATTRIBUTION FROM JOHN ROOD

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)  
**ADAM STOLL**

Mailing Address 4097 CODY ROAD

City	State	Zip Code
SHERMAN OAKS	CA	91403

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

Name of Employer	Occupation
TARGET ENTERPRISES	ADVERTISING

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

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

**Transaction ID : SA17A.141138**

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

_____ 1000.00
---------------

Memo Item

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

Mailing Address 12 PRESCOTT ROAD

City	State	Zip Code
HO HO KUS	NJ	07423

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17A.141143**

Date of Receipt

M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period

_____ 100.00
--------------

Memo Item

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

Mailing Address S40W28091 STATE ROAD

City	State	Zip Code
WAUKESHA	WI	53189

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

Name of Employer	Occupation
WAUKESHA STATE BANK	BANKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

**Transaction ID : SA17A.141149**

Date of Receipt

M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period

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

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ **1600.00**

**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)  
**DAVID UIHLEIN, JR**

Mailing Address **8265 N RIVER ROAD**

City **MILWAUKEE** State **WI** Zip Code **53217**

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

Name of Employer **UIHLEIN/WILSON ARCH** Occupation **ARCHITECT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

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

**Transaction ID : SA17A.141167**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 21 / 2016**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address **2460 HILL RD**

City **FAIRBANKS** State **AK** Zip Code **99709**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**380.00**

**Transaction ID : SA17A.141190**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 18 / 2016**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address **2460 HILL RD**

City **FAIRBANKS** State **AK** Zip Code **99709**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**480.00**

**Transaction ID : SA17A.141191**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 18 / 2016**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**Subtotal Of Receipts This Page** (optional)..... **2900.00**

**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.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.141202**

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address 100 N. CORPORATE DRIVE - SUITE 100

City	State	Zip Code
BROOKFIELD	WI	53045

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.141213**

Date of Receipt

M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address 11609 N BOBOLINK LANE

City	State	Zip Code
MEQUON	WI	53204

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LA FUENTE LTD	SELF EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.141217**

Date of Receipt

M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
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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 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)  
**CONNECTIVIST MEDIA LLC**

Mailing Address **544 E OGDEN AVENUE**

City	State	Zip Code
<b>MILWAUKEE</b>	<b>WI</b>	<b>53202</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 ▼  
**3959.67**

Transaction ID : **SA20A.141221**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 15 / 2016**

REIMBURSEMENT: SALE OF CAMPAIGN ASSETS

Amount of Each Receipt this Period  
**3959.67**

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)..... **3959.67**

Total This Period (last page this line number only)..... **3959.67**

# 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. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
23256.55

**Transaction ID : SA21.141222**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 21 / 2016**

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period  
7555.85

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).....▶ **7555.85**

**Total This Period** (last page this line number only).....▶ **7555.85**

**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. ADVANTAGE INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 2300 CLARENDON BLVD #303		<b>Transaction ID : SB23.140336</b>
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement INTERNET/TELEPHONE SERVICES	Category/Type 101	Amount of Each Disbursement this Period 2636.09
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. ARENA COMMUNICATIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 1780 SEQUOIA VISTA CIRCLE		<b>Transaction ID : SB23.140337</b>
City SALT LAKE CITY	State UT Zip Code 84104	
Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS	Category/Type 101	Amount of Each Disbursement this Period 1986.00
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. ARENA COMMUNICATIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 1780 SEQUOIA VISTA CIRCLE		<b>Transaction ID : SB23.140338</b>
City SALT LAKE CITY	State UT Zip Code 84104	
Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS	Category/Type 101	Amount of Each Disbursement this Period 4711.00
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)..... 9333.09

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. ASHBY LAW PLLC</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 717 PRINCESS STREET		<b>Transaction ID : SB23.140479</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 01 / 04 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		<b>Transaction ID : SB23.140339</b>
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE 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>C. ASPECT CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		<b>Transaction ID : SB23.140340</b>
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5002.98
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)..... 15002.98

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(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. ASPECT CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		<b>Transaction ID : SB23.140341</b>
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="10063.88"/>
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. ATLAS STRATEGY GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 16 LOREN WOODS		<b>Transaction ID : SB23.140343</b>
City ST LOUIS	State MO	
Purpose of Disbursement STRATEGY CONSULTING	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
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. BAREFOOT CODERS LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 1923 BRAGG STREET #140-2433		<b>Transaction ID : SB23.140344</b>
City STANFORD	State NC	
Purpose of Disbursement TECHNICAL SERVICES	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<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 01 / 11 / 2016
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : <b>SB23.140345</b>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 3045.03	
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. CHARTER COMMUNICATIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address PO BOX 3019		Transaction ID : <b>SB23.140486</b>
City MIWAUKEE State WI Zip Code 53201	Amount of Each Disbursement this Period 9043.90	
Purpose of Disbursement INTERNET/TELEPHONE COMMUNICATIONS	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DMM MEDIA</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 1911 N FORT MYER DRIVE #400		Transaction ID : <b>SB23.140346</b>
City ARLINGTON State VA Zip Code 22209	Amount of Each Disbursement this Period 1673.91	
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)..... 13762.84

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

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<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. FASTLY INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address PO BOX 78266		<b>Transaction ID : SB23.140347</b>
City SAN FRANCISCO	State CA	
Purpose of Disbursement SOFTWARE	Category/ Type 101	Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FLS CONNECT LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 7300 HUDSON BLVD #270		<b>Transaction ID : SB23.140348</b>
City SAINT PAUL	State MN	
Purpose of Disbursement TELEMARKETING AND DATA	Category/ Type 101	Amount of Each Disbursement this Period 6680.10
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. FLS CONNECT LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 7300 HUDSON BLVD #270		<b>Transaction ID : SB23.140349</b>
City SAINT PAUL	State MN	
Purpose of Disbursement TELEMARKETING AND DATA	Category/ Type 101	Amount of Each Disbursement this Period 20000.00
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)..... 31680.10

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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<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. FRIENDS OF SCOTT WALKER**

Mailing Address **PO BOX 620437**

City **MIDDLETON** State **WI** Zip Code **53562**

Purpose of Disbursement  
**LIST RENTAL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2016**  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 21 / 2016**

**Transaction ID : SB23.140491**

Amount of Each Disbursement this Period  
**6250.00**

Memo Item

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

Mailing Address **N60 W39698 MARY LANE**

City **OCONOMOWOC** State **WI** Zip Code **53066**

Purpose of Disbursement  
**FUNDRAISING CONSULTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2016**  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 11 / 2016**

**Transaction ID : SB23.140350**

Amount of Each Disbursement this Period  
**2160.20**

Memo Item

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

Mailing Address **N60 W39698 MARY LANE**

City **OCONOMOWOC** State **WI** Zip Code **53066**

Purpose of Disbursement  
**FUNDRAISING CONSULTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2016**  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 25 / 2016**

**Transaction ID : SB23.140351**

Amount of Each Disbursement this Period  
**5000.00**

Memo Item

**Subtotal Of Receipts This Page** (optional)..... **13410.20**

**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. GROUND GAME STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 300 HICKORY LANE		<b>Transaction ID : SB23.140353</b>
City MAULDIN State SC Zip Code 29662	Amount of Each Disbursement this Period 1113.49	
Purpose of Disbursement FIELD CONSULTING	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 19001 CRESCENT SPRINGS DR		<b>Transaction ID : SB23.140493</b>
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 465.00	
Purpose of Disbursement PAYROLL TAXES/FEES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INTUITIVE REASON INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 12620 BEACH ROAD #3		<b>Transaction ID : SB23.140354</b>
City JACKSONVILLE State FL Zip Code 32246	Amount of Each Disbursement this Period 5187.50	
Purpose of Disbursement TECHNICAL 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)..... 6765.99

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<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. ISIDEWITH.COM LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 1211 SUNSET DRIVE #411		<b>Transaction ID : SB23.140355</b>
City HOLLYWOOD State CA Zip Code 90069	Amount of Each Disbursement this Period 5000.00	
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:		

Full Name (Last, First, Middle Initial) <b>B. ISTREAM FINANCIAL SERVICES</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 13555 BISHOPS COURT		<b>Transaction ID : SB23.140496</b>
City BROOKFIELD State WI Zip Code 53005	Amount of Each Disbursement this Period 237.20	
Purpose of Disbursement BANK FEES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JONES DAY</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address PO BOX 7805, BEN FRANKLIN STATION		<b>Transaction ID : SB23.140356</b>
City WASHINGTON State DC Zip Code 20044	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement LEGAL 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)..... 10237.20

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<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. MADISON STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 7212 WEATHERVANE ROAD		<b>Transaction ID : SB23.140357</b>
City FLOWERY BRANCH	State GA	
Zip Code 30542	Purpose of Disbursement STRATEGY CONSULTING	Amount of Each Disbursement this Period 5000.00
Candidate Name	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. NUVI</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 275 WEST 200 NORTH #310		<b>Transaction ID : SB23.141252</b>
City LINDON	State UT	
Zip Code 84042	Purpose of Disbursement DIGITAL CONSULTING	Amount of Each Disbursement this Period 4000.00
Candidate Name	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. ON POINT DIGITAL LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 11418 VALLEY STREAM DRIVE		<b>Transaction ID : SB23.140500</b>
City HOUSTON	State TX	
Zip Code 77043	Purpose of Disbursement DIGITAL CONSULTING	Amount of Each Disbursement this Period 1875.00
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)..... 10875.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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<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. PROSPECT STRATEGIC COMMUNICATIONS LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address PO BOX 17079		<b>Transaction ID : SB23.140358</b>
City ARLINGTON	State VA	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED OAK STRATEGIC LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address PO BOX 2561		<b>Transaction ID : SB23.140361</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement SOFTWARE	Category/ Type 101	Amount of Each Disbursement this Period 1922.45
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. SCM ASSOCIATES INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address PO BOX 254		<b>Transaction ID : SB23.140362</b>
City DUBLIN	State NH	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/ Type 101	Amount of Each Disbursement this Period 1178.15
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)..... 8100.60

**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. SCM ASSOCIATES INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address PO BOX 254		<b>Transaction ID : SB23.140363</b>
City DUBLIN	State NH	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/ Type 101	Amount of Each Disbursement this Period 15000.00
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>B. SEEN READ HEARD LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 8000 MARYLAND AVENUE #1120		<b>Transaction ID : SB23.140365</b>
City CLAYTON	State MO	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 6000.00
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. SHIRLEY &amp; BANISTER PUBLIC AFFAIRS</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 122 S PATRICK STREET		<b>Transaction ID : SB23.140366</b>
City ALEXANDRIA	State VA	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 2500.00
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	23500.00
<b>Total This Period</b> (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: 01 / 01 / 2016

Transaction ID : SB23.140513

Amount of Each Disbursement this Period: 991.90

Memo Item

Category/Type: 101

**B. 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: 01 / 15 / 2016

Transaction ID : SB23.140507

Amount of Each Disbursement this Period: 15.00

Memo Item

Category/Type:

**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: 01 / 11 / 2016

Transaction ID : SB23.140508

Amount of Each Disbursement this Period: 2000.00

Memo Item

Category/Type:

Subtotal Of Receipts This Page (optional)..... 3006.90

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. TRANSAXT</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : <b>SB23.141255</b>
City GRAND RAPIDS State MI Zip Code 49503	Purpose of Disbursement REVENUE SHARE COSTS Category/Type 101	
Candidate Name		Amount of Each Disbursement this Period 1503.98
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TUSK PRODUCTIONS LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 38 LAKEWOOD DRIVE		Transaction ID : <b>SB23.140367</b>
City DENVILLE State NJ Zip Code 07834	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 101	
Candidate Name		Amount of Each Disbursement this Period 143.13
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : <b>SB23.140510</b>
City WASHINGTON State DC Zip Code 20024	Purpose of Disbursement POSTAGE Category/Type	
Candidate Name		Amount of Each Disbursement this Period 98.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Subtotal Of Receipts This Page (optional)..... 1745.11

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)  
**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2016

Transaction ID : SB23.140511

Amount of Each Disbursement this Period: 110.00

Memo Item

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

Mailing Address 7434 W LONE CACTUS DR

City GLENDALE State AZ Zip Code 85308

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2016

Transaction ID : SB23.140512

Amount of Each Disbursement this Period: 423.00

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Subtotal Of Receipts This Page (optional)..... 533.00

Total This Period (last page this line number only)..... 165516.89

**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. JUANITA F BYRNS</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 3900 VALLEY OAKS DRIVE		<b>Transaction ID : SB28A.140467</b>
City CLINTON	State IA	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 500.00
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. DIANE DILLON</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 9800 E BEXHILL DR		<b>Transaction ID : SB28A.140468</b>
City KENSINGTON	State MD	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 250.00
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. WILLIAM HILGEMANN</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address PO BOX 86		<b>Transaction ID : SB28A.140471</b>
City STRATFORD	State WI	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 600.00
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)..... 1350.00

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 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. MRS. DONNA KELLOGG</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 11991 36TH STREET NW		<b>Transaction ID : SB28A.140472</b>
City WATFORD CITY	State ND	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 2800.00
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. NORMAN MCCLELLAND</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 2228 NORTH BLACK CANYON		<b>Transaction ID : SB28A.140473</b>
City PHOENIX	State AZ	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 5400.00
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. CLAYTON RHOADES</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 13302 ELLERTON TERRACE		<b>Transaction ID : SB28A.140475</b>
City MIDLOTHIAN	State VA	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 500.00
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)..... 8700.00

**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 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. NANCY WARNICK</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 192 PRITCHARD DR		<b>Transaction ID : SB28A.140474</b>
City PALM COAST	State FL	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 100.00
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. TANYA WEYKER</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address W192S6346 REGENCY CT		<b>Transaction ID : SB28A.140541</b>
City MUSKEGO	State WI	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 1000.00
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.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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)..... 1100.00

Total This Period (last page this line number only)..... 11150.00

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

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

FOR LINE NUMBER:  11  
 12

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

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

Nature of Debt (Purpose):  
 EVENT STAGING EXPENSE

Mailing Address 110 LOTT COURT

City State Zip Code  
 WEST COLUMBIA SC 29169

Outstanding Balance Beginning This Period

Transaction ID : SD12.137408

16816.11

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

16816.11

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

Nature of Debt (Purpose):  
 CONFERENCE CALLS

Mailing Address 2300 CLARENDON BLVD #303

City State Zip Code  
 ARLINGTON VA 22201

Outstanding Balance Beginning This Period

Transaction ID : SD12.137409

2636.09

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

2636.09

0.00

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

Nature of Debt (Purpose):  
 CAMPAIGN PROMOTIONAL ITEMS

Mailing Address 1780 SEQUOIA VISTA CIRCLE

City State Zip Code  
 SALT LAKE CITY UT 84104

Outstanding Balance Beginning This Period

Transaction ID : SD12.137410

6697.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

6697.00

0.00

- 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  
**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

Transaction ID : **SD12.137411**

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  
**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

Transaction ID : **SD12.137412**

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  
**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

- 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  
**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

B. 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 : **SD12.137415**

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  
**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

- 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  
**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

B. 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

C. 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

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

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

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

FOR LINE NUMBER:  11  
 12

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

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

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

Mailing Address **317 15TH STREET NE**

City State Zip Code  
**WASHINGTON DC 20002**

**Transaction ID : SD12.137419**

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

Mailing Address **PO BOX 78266**

City State Zip Code  
**SAN FRANCISCO CA 94107**

**Transaction ID : SD12.137420**

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

Mailing Address **7300 HUDSON BLVD #270**

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

**Transaction ID : SD12.137421**

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

B. 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

C. 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

- 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  
**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

B. 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

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

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

Mailing Address **12620 BEACH ROAD #3**

City State Zip Code  
**JACKSONVILLE FL 32246**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137427**

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  
**ISIDEWITH.COM LLC**

Nature of Debt (Purpose):  
 DIGITAL CONSULTING

Mailing Address 1211 SUNSET DRIVE  
 #411

City State Zip Code  
 HOLLYWOOD CA 90069

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD12.137428

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

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

82290.75

Transaction ID : SD12.137430

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

77290.75

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

25455.42

Transaction ID : SD12.137431

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25455.42

- 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: (check only one)

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

7500.00

Transaction ID : SD12.137432

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

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

7500.00

Transaction ID : SD12.137433

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

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

Nature of Debt (Purpose):  
STRATEGY CONSULTING

Mailing Address 7212 WEATHERVANE ROAD

City State Zip Code  
FLOWERY BRANCH GA 30542

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD12.137434

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

- 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  
**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

B. 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

C. 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

- 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  
**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

B. 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

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

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

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

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

Outstanding Balance Beginning This Period

**Transaction ID : SD12.137445**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 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: (check only one)

11  
 12

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

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

Nature of Debt (Purpose):  
 DIGITAL CONSULTING

Mailing Address 275 WEST 200 NORTH #310

City State Zip Code  
 LINDON UT 84042

Outstanding Balance Beginning This Period

4000.00

Transaction ID : SD12.137446

Amount Incurred This Period

0.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

0.00

B. 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

18000.00

Transaction ID : SD12.137447

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18000.00

C. 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

- 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  
**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

Transaction ID : SD12.137450

8438.41

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

8438.41

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

Nature of Debt (Purpose):  
 COMMUNICATIONS CONSULTING

Mailing Address PO BOX 17079

City State Zip Code  
 ARLINGTON VA 22216

Outstanding Balance Beginning This Period

Transaction ID : SD12.137451

21198.98

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

5000.00

16198.98

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

Nature of Debt (Purpose):  
 COMPLIANCE SOFTWARE & DEVELOPMENT

Mailing Address 138 CONANT STREET  
 2ND FLOOR

City State Zip Code  
 BEVERLY MA 01915

Outstanding Balance Beginning This Period

Transaction ID : SD12.137452

8800.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

5200.00

0.00

14000.00

- 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 OAK STRATEGIC LLC**

Nature of Debt (Purpose):  
 SOFTWARE

Mailing Address PO BOX 2561

City State Zip Code  
 ALEXANDRIA VA 22301

Outstanding Balance Beginning This Period

Transaction ID : SD12.137453

1922.45

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1922.45

0.00

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

69938.46

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

-25650.04

16178.15

28110.27

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

Nature of Debt (Purpose):  
 COMMUNICATIONS CONSULTING

Mailing Address 8000 MARYLAND AVENUE #1120

City State Zip Code  
 CLAYTON MO 63105

Outstanding Balance Beginning This Period

Transaction ID : SD12.137455

6000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

6000.00

0.00

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number 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 : SD12.137454

Line 12 'Amount Incurred This Period' value for SCM Associates Inc. reflects an administrative correction of - \$25,650.04 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  
**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

B. 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

C. 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

- 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  
**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

B. 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE PROSPER GROUP CORPORATION**

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

Mailing Address **435 E. MAIN STREET**  
**SUITE 250**

City State Zip Code  
**GREENWOOD IN 46143**

Outstanding Balance Beginning This Period

**Transaction ID : SD12.140368**

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  
**TUSK PRODUCTIONS LLC**

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

Mailing Address **38 LAKEWOOD DRIVE**

City State Zip Code  
**DENVILLE NJ 07834**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137465**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="20921.28"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="1078875.87"/>
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="1078875.87"/>