

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

Office Use Only

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

SCOTT WALKER INC

ADDRESS (number and street) PO BOX 620590

Check if different than previously reported. (ACC)

MIDDLETON WI 53562 CITY STATE ZIP CODE

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

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

Quarterly Reports:

Monthly Reports:

- April 15 (Q1) October 15 (Q3) 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 Twelfth day report preceding election on in the State of

Is this Report an Amendment? yes no

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 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 / 20 / 2016

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

Table with 10 columns, first column labeled 'Office Use Only'

Write or Type Committee Name

SCOTT WALKER INC

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="79197.16"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="128678.00"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="207875.16"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="130121.08"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="77754.08"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="1093568.55"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="1256694.60"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	<input type="text" value="7621737.46"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="7628251.73"/>

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
02 / 01 / 2016

To:

MM / DD / YYYY
02 / 29 / 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	74294.00	5165296.54
(ii) unitemized	8691.00	2849498.92
(iii) Total contributions	82985.00	8014795.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	14700.00	43100.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	97685.00	8057895.46
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	4743.00	62668.92
(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))	4743.00	62668.92
21. OTHER RECEIPTS (Dividends, Interest, etc.)	26250.00	84268.35
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	128678.00	8204832.73

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

M M / D D / Y Y Y Y
02 / 01 / 2016

To:

M M / D D / Y Y Y Y
02 / 29 / 2016

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
23. OPERATING EXPENDITURES.....	127421.08	7690920.65
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.....	2700.00	431158.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	2700.00	436158.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	130121.08	8127078.65

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
TOTALS	0.00	0.00

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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

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

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 312 FOREST DR SE

City	State	Zip Code
CEDAR RAPIDS	IA	52403

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 ▼
 _____ 210.00

Transaction ID : SA17A.142406

Date of Receipt

M M / D D / Y Y Y Y
02 / 18 / 2016

Amount of Each Receipt this Period

_____ 50.00

Memo Item

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

Mailing Address 18169 ANDERSON STREET

City	State	Zip Code
WHITEHALL	WI	54773

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

Name of Employer	Occupation
OSSEO FORD	FINANCE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.142411

Date of Receipt

M M / D D / Y Y Y Y
02 / 16 / 2016

Amount of Each Receipt this Period

_____ 50.00

Memo Item

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

Mailing Address 18169 ANDERSON STREET

City	State	Zip Code
WHITEHALL	WI	54773

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

Name of Employer	Occupation
OSSEO FORD	FINANCE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.142412

Date of Receipt

M M / D D / Y Y Y Y
02 / 16 / 2016

Amount of Each Receipt this Period

_____ 50.00

Memo Item

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

_____ 150.00

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 L BLACK

Mailing Address 1254 WAVEREST CIRCLE

City State Zip Code
GALLATIN TN 37066

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AEGIS SCIENCES CORPORATION FOUNDER/CHAIRMAN/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142422

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="2500.00"/>

Memo Item

B. Full Name (Last, First, Middle Initial)
JON BOWE

Mailing Address 25943 COUNTY HIGHWAY O

City State Zip Code
CADOTT WI 54727

FEC ID number of contributing federal political committee.

Name of Employer Occupation
T&J CONCRETE FOUNDATIONS INC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142428

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Memo Item

C. Full Name (Last, First, Middle Initial)
LYNDA BURNSIDE

Mailing Address 4184 COUNTY ROAD 1008

City State Zip Code
GLEN ROSE TX 76043

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.142432

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="35.00"/>

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)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
LYNDA BURNSIDE

Mailing Address 4184 COUNTY ROAD 1008

City State Zip Code
GLEN ROSE TX 76043

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.142433

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)
DAVID CALKINS

Mailing Address 1405 SOPLO RD SE

City State Zip Code
ALBUQUERQUE NM 87123

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SUNRISE MEDICAL PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142436

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)
DAVID CALKINS

Mailing Address 1405 SOPLO RD SE

City State Zip Code
ALBUQUERQUE NM 87123

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SUNRISE MEDICAL PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142437

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)

PAGE 11 / 73

<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) CAROLYN CAMPOBASSO			Transaction ID : SA17A.142438
Mailing Address 2665 RODNEY DRIVE			Date of Receipt MM / DD / YYYY 02 / 14 / 2016
City RENO	State NV	Zip Code 89509	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED	Memo Item <input type="checkbox"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 245.00		

B. Full Name (Last, First, Middle Initial) JOHN C CUMICEK			Transaction ID : SA17A.142454
Mailing Address 933 FULTON ST			Date of Receipt MM / DD / YYYY 02 / 10 / 2016
City SEYMOUR	State WI	Zip Code 54165	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED	Memo Item <input type="checkbox"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) JOHN DAVIS			Transaction ID : SA17A.142456
Mailing Address 1023 24 ROAD			Date of Receipt MM / DD / YYYY 02 / 17 / 2016
City GRAND JUNCTION	State CO	Zip Code 81505	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer BLUESTAR CONSTRUCTION	Occupation DEVELOPER	Memo Item <input type="checkbox"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00		

Subtotal Of Receipts This Page (optional)..... 350.00

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 DIVELBISS

Mailing Address 434 S YELLOWSTONE DRIVE, SUITE 101

City State Zip Code
MADISON WI 53719

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DIVO ENTERPRISED EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142462

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2016

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
WILLIAM DOLAN

Mailing Address 1040 E. OSBORN RD.
6

City State Zip Code
PHOENIX AZ 85014

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.142464

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
ELIZABETH DUBIN

Mailing Address 4800 MONTGOMERY LANE, SUITE 700

City State Zip Code
BETHESDA MD 20814

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.142467

Date of Receipt
M M / D D / Y Y Y Y
02 / 29 / 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)
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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)
ROBERT DURIAN

Mailing Address 1728 COLONY

City	State	Zip Code
SUN PRAIRIE	WI	53590

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ALLIANT ENERGY	CONTROL & CAO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142468

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2016

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
MIKE EISENGA

Mailing Address 146 W MILL STREET

City	State	Zip Code
COLUMBUS	WI	53925

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FIRST AMERICAN FUNDING COMPANY, LLC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142471

Date of Receipt

M M / D D / Y Y Y Y
02 / 10 / 2016

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
MICHAEL EPSTEIN

Mailing Address 10501 WILLOWBROOK DRIVE

City	State	Zip Code
POTOMAC	MD	20854

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.142474

Date of Receipt

M M / D D / Y Y Y Y
02 / 29 / 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)
TED EWING

Mailing Address 3630 S HAMPTON DR

City State Zip Code
BETTENDORF IA 52722

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 ▼
335.00

Transaction ID : SA17A.142476

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2016

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHRISTINE FENNES

Mailing Address 221 CONCORD AVENUE

City State Zip Code
WEST HEMPSTEAD NY 11552

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

Name of Employer Occupation
WHUFSD TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.142479

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JEROLD FRANKE

Mailing Address 6342 BERKSHIRE LANE

City State Zip Code
MOUNT PLEASANT WI 53406

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

Name of Employer Occupation
WISPARK LLC COMMERCIAL REAL ESTATE

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

Transaction ID : SA17A.142481

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period
250.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 400.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **4044 LONE WOLF CIR**

City	State	Zip Code
CROSSVILLE	TN	38572

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 ▼
 _____ 585.00

Transaction ID : SA17A.142483

Date of Receipt

M M / D D / Y Y Y Y
02 / 14 / 2016

Amount of Each Receipt this Period

_____ 50.00

Memo Item

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

Mailing Address **4709 TONYAWATHA TRAIL**

City	State	Zip Code
MONONA	WI	53716

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

Name of Employer	Occupation
ALLIANT ENERGY	SVP GEN COUNSEL & CORP SECRETARY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.142484

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2016

Amount of Each Receipt this Period

_____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ELIZABETH GEHRING

Mailing Address **550 FLAMINGO DRIVE W. #101**

City	State	Zip Code
VENICE	FL	34285

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.142486

Date of Receipt

M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period

_____ 50.00

Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARIS G GIALAMAS

Mailing Address 817 SILVER SAGE TRAIL

City State Zip Code
MIDDLETON WI 53562

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GIALAMAS CO. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142488

Date of Receipt
M M / D D / Y Y Y Y
02 / 11 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 9382 MOUNT VERNON CIRCLE

City State Zip Code
ALEXANDRIA VA 22309

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ED GILLESPIE STRATEGIES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142490

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2016

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
ELEANOR GLAZENER

Mailing Address 7618 TARRYTOWN AVE.

City State Zip Code
AMARILLO TX 79121

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.142493

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 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)
EDWARD GOEAS

Mailing Address 201 NORTH UNION STREET, SUITE 410

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE TARRANCE GROUP SURVEY RESEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142495

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)
CAROLYN GRAVES

Mailing Address 2001 WESTMORELAND ROAD

City State Zip Code
RED OAK TX 75154

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.142497

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)
SCOTT HAMILTON

Mailing Address 7085 TILGHMAN ISLAND RD.

City State Zip Code
SHERWOOD MD 21665

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.142506

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)
THOMAS HANSON

Mailing Address **5924 OAK HOLLOW DRIVE**

City **MCFARLAND** State **WI** Zip Code **53558**

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

Name of Employer **ALLIANT ENERGY** Occupation **SENIOR VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.142507

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2016

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WALLACE HARRIS

Mailing Address **4447 WOODLAND HILLS CIRCLE**

City **PINSON** State **AL** Zip Code **35126**

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 ▼
275.00

Transaction ID : SA17A.142509

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2016

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DANNY HAYNES

Mailing Address **5305 E STATE RD 67**

City **CLINTON** State **WI** Zip Code **53525**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.142512

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2016

Amount of Each Receipt this Period
100.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **1625.00**

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)
LOUIS HEAD

Mailing Address **550 SHERIDAN RD.**
1E

City **EVANSTON** State **IL** Zip Code **60202**

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

Name of Employer **HANSEN REALTY** Occupation **REAL ESTATE BROKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.142513

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2016

Amount of Each Receipt this Period
35.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LOUIS HEAD

Mailing Address **550 SHERIDAN RD.**
1E

City **EVANSTON** State **IL** Zip Code **60202**

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

Name of Employer **HANSEN REALTY** Occupation **REAL ESTATE BROKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Transaction ID : SA17A.142514

Date of Receipt
M M / D D / Y Y Y Y
02 / 29 / 2016

Amount of Each Receipt this Period
35.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JENIFER HEALY

Mailing Address **2850 A SOUTH WAKEFIELD STREET**

City **ARLINGTON** State **VA** Zip Code **22206**

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

Name of Employer **US SENATE** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.142515

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2016

Amount of Each Receipt this Period
500.00

Memo Item

Subtotal Of Receipts This Page (optional)..... **570.00**

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)
ROBERT HILLIS

Mailing Address **6767 N INDUSTRIAL ROAD**

City **MILWAUKEE** State **WI** Zip Code **53223**

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

Name of Employer **DIRECT SUPPLY, INC.** Occupation **CEO & PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.142518

Date of Receipt

02 / **19** / **2016**

Amount of Each Receipt this Period

2700.00

Memo Item

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

Mailing Address **3723 RUNNYMEDE DRIVE**

City **SAINT CHARLES** State **MO** Zip Code **63301**

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

Name of Employer **S J HOLLANDER ARCHITECT** Occupation **ARCHITECT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.142519

Date of Receipt

02 / **15** / **2016**

Amount of Each Receipt this Period

50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN B HOOVER

Mailing Address **14753 WEXHALL TER**

City **BURTONSVILLE** State **MD** Zip Code **20866**

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 ▼
350.00

Transaction ID : SA17A.142520

Date of Receipt

02 / **13** / **2016**

Amount of Each Receipt this Period

100.00

Memo Item

Subtotal Of Receipts This Page (optional)..... **2850.00**

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) BEN HOUSER		Transaction ID : SA17A.142522
Mailing Address 632 TERRAPIN SPRING ROAD		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2016
City CRANE	State MO	Zip Code 65633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 50.00 <input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ _____ 250.00		

B. Full Name (Last, First, Middle Initial) RICHARD HOWILER		Transaction ID : SA17A.142524
Mailing Address 5 VALCOURT CIR		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2016
City SIMPSONVILLE	State SC	Zip Code 29680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 35.00 <input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ _____ 210.00		

C. Full Name (Last, First, Middle Initial) RICHARD HOWILER		Transaction ID : SA17A.142525
Mailing Address 5 VALCOURT CIR		Date of Receipt M M / D D / Y Y Y Y 02 / 29 / 2016
City SIMPSONVILLE	State SC	Zip Code 29680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 35.00 <input type="checkbox"/> Memo Item
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ _____ 245.00		

Subtotal Of Receipts This Page (optional).....▶ _____ **120.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 22 / 73

<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)
MORTON ISRAEL

Mailing Address 18901 PATRICIAN DR

City	State	Zip Code
VILLA PARK	CA	92861

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DR. MORTON ISRAEL	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142529

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			15			2016			

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
JOE JANICK

Mailing Address 2533 E BERYL AVE

City	State	Zip Code
PHOENIX	AZ	85028

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.142531

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			10			2016			

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 7 WEST 96TH ST. #11C

City	State	Zip Code
NEW YORK	NY	10025

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PHILBRO ANIMAL HEALTH CORP	ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142532

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			13			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)
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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)
PATRICIA KAMPLING

Mailing Address 4827 ENCHANTED VALLEY ROAD

City State Zip Code
MIDDLETON WI 53562

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALLIANT ENERGY CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142535

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2016

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
KEVIN KENNEDY

Mailing Address 800 HORNS CORNERS ROAD

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NORTHWESTERN MUTUAL INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142540

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
KEN KIRN

Mailing Address N8285 BACHELORS AVENUE

City State Zip Code
WILLARD WI 54493

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CRS/COMPLIANCE REG. SER. INC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142542

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 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)
DOUGLAS KOPP

Mailing Address 3970 SPRING BREEZE COURT NE

City State Zip Code
SOLOM IA 52333

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALLIANT ENERGY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142546

Date of Receipt

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

Amount of Each Receipt this Period

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

Memo Item

B. Full Name (Last, First, Middle Initial)
KEITH KOSTUCH

Mailing Address 4511 LAKEVIEW DR

City State Zip Code
EDINA MN 55424

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT AND INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142547

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		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)
TERRY KOUBA

Mailing Address 785 KELLY LANE

City State Zip Code
DUBUQUE IA 52003

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALLIANT ENERGY VP GENERATION OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142548

Date of Receipt

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

Amount of Each Receipt this Period

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

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)
RANDY KOZUCH

Mailing Address 706 ROSE SQ

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
NATIONAL RIFLE ASSOCIATION DIRECTOR OF POLITICAL AFF

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.142549

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2016

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RANDY KOZUCH

Mailing Address 706 ROSE SQ

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer Occupation
NATIONAL RIFLE ASSOCIATION DIRECTOR OF POLITICAL AFF

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.142550

Date of Receipt
M M / D D / Y Y Y Y
02 / 29 / 2016

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 619 FARWELL DRIVE

City State Zip Code
MADISON WI 53704

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

Name of Employer Occupation
ALLIANT ENERGY VP AND TREASURER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.142554

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2016

Amount of Each Receipt this Period
1000.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 1500.00

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)
PAUL LARISH

Mailing Address 2600 PUALANI WAY

City State Zip Code
HONOLULU HI 96815

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.142560

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		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)
JOHN LARSEN

Mailing Address 1223 BONGARD DRIVE

City State Zip Code
WAUNAKEE WI 53597

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALLIANT ENERGY SENIOR VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142561

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="1500.00"/>

Memo Item

C. Full Name (Last, First, Middle Initial)
JIM MAREN

Mailing Address 804 RIVERWALK DRIVE
302

City State Zip Code
WAUKESHA WI 53188

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.142578

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="35.00"/>

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:

PAGE 27 / 73

(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)
EDWIN MARZEC

Mailing Address 2136 BEECH KNOLL RD.

City	State	Zip Code
LOS ANGELES	CA	90046

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EKM-ALC	ATTORNEY AT LAW

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>

Transaction ID : SA17A.142582

Date of Receipt

M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period

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

Memo Item

B. Full Name (Last, First, Middle Initial)
DOUG MCAULIFFE

Mailing Address 347 SPRINGVALE RD, GREAT FALLS, VA

City	State	Zip Code
GREAT FALLS	VA	22066

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DMSTC	ADVERTISING

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>

Transaction ID : SA17A.142588

Date of Receipt

M M / D D / Y Y Y Y
02 / 29 / 2016

Amount of Each Receipt this Period

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

Memo Item

C. Full Name (Last, First, Middle Initial)
PAULA G MCINERNEY

Mailing Address 2 MANITOU COURT

City	State	Zip Code
WESTPORT	CT	06880

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BLUFF POINT ASSOCIATES	INVESTOR

Receipt For: 2016	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5400.00"/>

Transaction ID : SA17A.142593

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2016

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="5400.00"/>

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)
PAULA G MCINERNEY

Mailing Address **2 MANITOU COURT**

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
BLUFF POINT ASSOCIATES INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.142594

Date of Receipt
M M / D D / Y Y Y Y
02 05 2016

REATTRIBUTION TO THOMAS MCINERNEY

Amount of Each Receipt this Period
-2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. THOMAS MCINERNEY

Mailing Address **2 MANITOU COURT**

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
BLUFF POINT ASSOCIATES FINANCIAL INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.142595

Date of Receipt
M M / D D / Y Y Y Y
02 05 2016

REATTRIBUTION FROM PAULA MCINERNEY

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address **4824 RUBBY AVE**

City State Zip Code
BETHESDA MD 20814

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

Name of Employer Occupation
MILLER & LONG CONCRETE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.142596

Date of Receipt
M M / D D / Y Y Y Y
02 29 2016

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROXINE MCQUITTY

Mailing Address 25 HAZOTTE CT

City State Zip Code
FOND DU LAC WI 54935

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 ▼
235.00

Transaction ID : SA17A.142597

Date of Receipt

M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period

50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LOREN L MONROE

Mailing Address 1733 FAIRVIEW AVENUE

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
BGR GROUP PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.142605

Date of Receipt

M M / D D / Y Y Y Y
02 / 09 / 2016

Amount of Each Receipt this Period

500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WILLIAM MONTGOMERY

Mailing Address 1301 MCCARTNY ROAD

City State Zip Code
LEMONT IL 60439

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 ▼
800.00

Transaction ID : SA17A.142606

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 2016

Amount of Each Receipt this Period

300.00

Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 30 / 73

(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)
ANN M MURPHY

Mailing Address 1525 RUSTIC WAY

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer Occupation
MURPHY DEVELOPMENT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.142610

Date of Receipt

M M / D D / Y Y Y Y
02 05 2016

Amount of Each Receipt this Period

1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BARBARA E NAU

Mailing Address 7777 WASHINGTON AVENUE

City State Zip Code
HOUSTON TX 77007

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

Name of Employer Occupation
SILVER EALGE DISTRIBUTION CORPORATE SECRETARY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.142612

Date of Receipt

M M / D D / Y Y Y Y
02 08 2016

Amount of Each Receipt this Period

2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN L NAU III

Mailing Address 7777 WASHINGTON AVENUE

City State Zip Code
HOUSTON TX 77007

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

Name of Employer Occupation
SILVER EALGE DISTRIBUTION CEO & PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.142613

Date of Receipt

M M / D D / Y Y Y Y
02 08 2016

Amount of Each Receipt this Period

2700.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 6400.00

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)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KHOA NGUYEN

Mailing Address 20734 SUNDANCE SPRINGS LN

City State Zip Code
SPRING TX 77379

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.142615

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 2319 W ALVINA AVE

City State Zip Code
MILWAUKEE WI 53221

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.142617

Date of Receipt

/ /

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. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Transaction ID : SA17A.142626

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

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

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 808 SUNRISE AVE.

City	State	Zip Code
FORT COLLINS	CO	80524

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142627

Date of Receipt

M M / D D / Y Y Y Y
02 / 08 / 2016

Amount of Each Receipt this Period

<input type="text" value="20.00"/>

Memo Item

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

Mailing Address 808 SUNRISE AVE.

City	State	Zip Code
FORT COLLINS	CO	80524

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142628

Date of Receipt

M M / D D / Y Y Y Y
02 / 15 / 2016

Amount of Each Receipt this Period

<input type="text" value="20.00"/>

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.142629

Date of Receipt

M M / D D / Y Y Y Y
02 / 22 / 2016

Amount of Each Receipt this Period

<input type="text" value="20.00"/>

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:

PAGE 33 / 73

<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)
ROBERT PENCE

Mailing Address 1359 BEVERLY ROAD, SUITE 200

City	State	Zip Code
MCLEAN	VA	22101

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE PENCE GROUP	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142633

Date of Receipt

M M / D D / Y Y Y Y
02 / 29 / 2016

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
SUSAN PENCE

Mailing Address 11776 STRATFORD HOUSE PLACE 1409

City	State	Zip Code
RESTON	VA	20190

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.142634

Date of Receipt

M M / D D / Y Y Y Y
02 / 29 / 2016

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
STANLEY W PINE

Mailing Address 505 EAGLE RIDGE LN

City	State	Zip Code
KALISPELL	MT	59901

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CROSS ENTERPRISE RESTAURANTS, INC	RESTAURANT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142640

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 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)
HARVEY POLLACK

Mailing Address **9855 W. HAWTHORNE RD**

City	State	Zip Code
MEQUON	WI	53097

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

Name of Employer	Occupation
LAND TITLE SERVICES INC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.142644

Date of Receipt

M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period

100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WILLIAM REDDING

Mailing Address **1861 E FERN RD**

City	State	Zip Code
LAKELAND	FL	33801

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 ▼
700.00

Transaction ID : SA17A.142651

Date of Receipt

M M / D D / Y Y Y Y
02 / 22 / 2016

Amount of Each Receipt this Period

100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SANDRA ROBERTS

Mailing Address **PO BOX 173**

City	State	Zip Code
SHEAKLEYVILLE	PA	16151

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 ▼
313.00

Transaction ID : SA17A.142655

Date of Receipt

M M / D D / Y Y Y Y
02 / 16 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

Subtotal Of Receipts This Page (optional)..... **450.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 35 / 73

(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)
JOSEPH L ROMANO

Mailing Address **7 LINWOOD AVENUE**

City **RIVERSIDE** State **CT** Zip Code **06878**

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

Name of Employer **MORTGAGE MASTER INC** Occupation **MORTGAGE BANKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.142657

Date of Receipt
M M / D D / Y Y Y Y
02 / 08 / 2016

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOEL SCHMIDT

Mailing Address **1721 EMERALD COURT**

City **ROBINS** State **IA** Zip Code **52328**

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

Name of Employer **ALLIANT ENERGY** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.142663

Date of Receipt
M M / D D / Y Y Y Y
02 / 05 / 2016

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN S SHILELY

Mailing Address **15270 BRIARIDGE COURT**

City **ELM GROVE** State **WI** Zip Code **53122**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.142667

Date of Receipt
M M / D D / Y Y Y Y
02 / 01 / 2016

Amount of Each Receipt this Period
2700.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **4200.00**

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)
PAUL SHIMEK

Mailing Address **10709 W RIVER RD**

City **BROOKLYN PARK** State **MN** Zip Code **55443**

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 ▼ **250.00**

Transaction ID : SA17A.142668

Date of Receipt
 M M / D D / Y Y Y Y
02 / 15 / 2016

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BETH SHULLY

Mailing Address **2309 W LAGOON CT**

City **MEQUON** State **WI** Zip Code **53092**

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

Name of Employer **SHULLY'S CUISINE & EVENTS** Occupation **EVENT PLANNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1250.00**

Transaction ID : SA17A.142669

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2016

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **BOX 711282**

City **SALT LAKE CITY** State **UT** Zip Code **84171**

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 ▼ **450.00**

Transaction ID : SA17A.142673

Date of Receipt
 M M / D D / Y Y Y Y
02 / 13 / 2016

Amount of Each Receipt this Period
50.00

Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BETTY STOVALL

Mailing Address 1825 CHRISTINE

City	State	Zip Code
PAMPA	TX	79065

FEC ID number of contributing federal political committee.

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142681

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			16			2016			

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
BETTY STOVALL

Mailing Address 1825 CHRISTINE

City	State	Zip Code
PAMPA	TX	79065

FEC ID number of contributing federal political committee.

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142682

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			29			2016			

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 307 WINDSOR DR

City	State	Zip Code
DEKALB	IL	60115

FEC ID number of contributing federal political committee.

Name of Employer WALMART	Occupation PHARMACIST
-----------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142691

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			18			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)
NANCY A TOLL

Mailing Address 7403 W MORNINGSIDE COURT

City State Zip Code
FRANKLIN WI 53132

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.142695

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			08			2016			

Amount of Each Receipt this Period

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

Memo Item

B. Full Name (Last, First, Middle Initial)
DIANE VICARS

Mailing Address 2406 GRANT ST

City State Zip Code
BERKELEY CA 94703

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.142697

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			14			2016			

Amount of Each Receipt this Period

<input type="text" value="125.00"/>

Memo Item

C. Full Name (Last, First, Middle Initial)
NANCY WEISS

Mailing Address 8672 N BOBBY JONES DR

City State Zip Code
TUCSON AZ 85742

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.142703

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			28			2016			

Amount of Each Receipt this Period

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

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 WENUM

Mailing Address **427 HUNTERS HILL TRAIL**

City	State	Zip Code
COLGATE	WI	53017

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.142704

Date of Receipt

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

REFUNDED ON 3/17/2016

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
MRS. CATHY W WHITE

Mailing Address **1150 W BRADLEY RD**

City	State	Zip Code
RIVER HILLS	WI	53217

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.142705

Date of Receipt

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

REATTRIBUTION FROM MICHAEL WHITE

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
MICHAEL H WHITE

Mailing Address **1150 W BRADLEY RD**

City	State	Zip Code
RIVER HILLS	WI	53217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RITE-HITE HOLDING CORPORATION	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142706

Date of Receipt

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

SEE REATTRIBUTION

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 40 / 73

<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)
MICHAEL H WHITE

Mailing Address 1150 W BRADLEY RD

City	State	Zip Code
RIVER HILLS	WI	53217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RITE-HITE HOLDING CORPORATION	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.142707

Date of Receipt

M M / D D / Y Y Y Y
02 / 09 / 2016

REATTRIBUTION TO CATHY WHITE

Amount of Each Receipt this Period

Memo Item

B. 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.142711

Date of Receipt

M M / D D / Y Y Y Y
02 / 14 / 2016

Amount of Each Receipt this Period

Memo Item

C. 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.142717

Date of Receipt

M M / D D / Y Y Y Y
02 / 13 / 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 type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **LILLY CORPORATE CENTER**

City **INDIANAPOLIS** State **IN** Zip Code **46285**

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Transaction ID : SA17C.142718

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			29			2016			

Amount of Each Receipt this Period

5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOHNSON CONTROLS INC. FEDERAL PAC

Mailing Address **5757 NORTH GREEN BAY AVENUE**

City **MILWAUKEE** State **WI** Zip Code **53209**

FEC ID number of contributing federal political committee. **C C00343095**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Transaction ID : SA17C.142719

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			03			2016			

Amount of Each Receipt this Period

1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MARINETTE MARINE CORPORATION PAC MMCPAC

Mailing Address **1600 ELY ST**

City **MARINETTE** State **WI** Zip Code **54143**

FEC ID number of contributing federal political committee. **C C00459453**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Transaction ID : SA17C.142720

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2016			

Amount of Each Receipt this Period

1000.00

Memo Item

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

7000.00

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

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SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC

Transaction ID : SA17C.142722

Mailing Address **P. O. BOX 718**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			02			2016			

City	State	Zip Code
WINSTON-SALEM	NC	27102

FEC ID number of contributing federal political committee. **C** C00042002

Amount of Each Receipt this Period
5000.00

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WISCONSIN BANKERS ASSOCIATION (WISBANKPAC)

Transaction ID : SA17C.142723

Mailing Address **P.O. BOX 8880
4721 S. BILTMORE LN.**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			05			2016			

City	State	Zip Code
MADISON	WI	53708

FEC ID number of contributing federal political committee. **C** C00048181

Amount of Each Receipt this Period
2500.00

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Memo Item

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

Date of Receipt

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y

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

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 7500.00

Total This Period (last page this line number only).....▶ 14500.00

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOCKTON AFFINITY LLC

Mailing Address **PO BOX 410679**

City	State	Zip Code
KANSAS CITY	MO	64141

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8878.00

Transaction ID : SA20A.142724

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2016

VENDOR REFUND

Amount of Each Receipt this Period
4743.00

Memo Item

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

Mailing Address

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **4743.00**

Total This Period (last page this line number only).....▶ **4743.00**

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **POST OFFICE BOX 262**

City **DUBLIN** State **NH** Zip Code **03444-0262**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
49506.55

Transaction ID : SA21.142725

Date of Receipt
 M M / D D / Y Y Y Y
02 / 29 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
26250.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **26250.00**

Total This Period (last page this line number only).....▶ **26250.00**

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ADOBE		Date of Disbursement MM / DD / YYYY 11 / 14 / 2015
Mailing Address 345 PARK AVENUE		Transaction ID : SB23.141605
City SAN JOSE	State CA	
Purpose of Disbursement 2/26 DINERS CLUB PMT: SOFTWARE SERVICES		Amount of Each Disbursement this Period 15.81
Candidate Name		<input checked="" 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. ADOBE		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 345 PARK AVENUE		Transaction ID : SB23.141601
City SAN JOSE	State CA	
Purpose of Disbursement 2/26 DINERS CLUB PMT: SOFTWARE SERVICES		Amount of Each Disbursement this Period 15.81
Candidate Name		<input checked="" 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) C. ANSAY & ASSOCIATES		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 101 E GRAND AVE #11		Transaction ID : SB23.141595
City PORT WASHINGTON	State WI	
Purpose of Disbursement INSURANCE		Amount of Each Disbursement this Period 4427.00
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)..... 4427.00

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:
(check only one)

PAGE 46 / 73

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. ASHBY LAW PLLC

Full Name (Last, First, Middle Initial)
Mailing Address **717 PRINCESS STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 15 / 2016

Transaction ID : SB23.141596

Amount of Each Disbursement this Period
5000.00

Memo Item

B. ASPECT CONSULTING LLC

Full Name (Last, First, Middle Initial)
Mailing Address **8401 EXCELSIOR DRIVE #103**

City **MADISON** State **WI** Zip Code **53717**

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 15 / 2016

Transaction ID : SB23.141574

Amount of Each Disbursement this Period
5083.76

Memo Item

C. ASPECT CONSULTING LLC

Full Name (Last, First, Middle Initial)
Mailing Address **8401 EXCELSIOR DRIVE #103**

City **MADISON** State **WI** Zip Code **53717**

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2016

Transaction ID : SB23.141573

Amount of Each Disbursement this Period
2500.00

Memo Item

Subtotal Of Receipts This Page (optional)..... **12583.76**

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 11 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.141599
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement 2/26 DINERS CLUB PMT: TRAVEL: RENTAL CAR		Amount of Each Disbursement this Period 31.05
Candidate Name		<input checked="" 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. BMO HARRIS BANK		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 1 W MAIN STREET		Transaction ID : SB23.141585
City MADISON	State WI	
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 165.75
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DINERS CLUB MASTERCARD		Date of Disbursement MM / DD / YYYY 11 / 26 / 2015
Mailing Address PO BOX 5732		Transaction ID : SB23.141609
City CAROL STREAM	State IL	
Purpose of Disbursement 2/26 DINERS CLUB PMT: BANK FEES		Amount of Each Disbursement this Period 3.00
Candidate Name		<input checked="" 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)..... 165.75

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. DINERS CLUB MASTERCARD

Mailing Address PO BOX 5732

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
2/26 DINERS CLUB PMT: BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		25		2015

Transaction ID : SB23.141603

Amount of Each Disbursement this Period

3.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DINERS CLUB MASTERCARD

Mailing Address PO BOX 5732

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
2/26 DINERS CLUB PMT: BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2016

Transaction ID : SB23.141598

Amount of Each Disbursement this Period

3.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DINERS CLUB MASTERCARD

Mailing Address PO BOX 5732

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2016

Transaction ID : SB23.141593

Amount of Each Disbursement this Period

1439.94

Memo Item

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

1439.94

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

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EXECUTIVE PRESS INC.		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 10412 MAIN STREET		Transaction ID : SB23.141587
City FAIRFAX	State VA	
Purpose of Disbursement PRINTING SERVICES	Candidate Name	Amount of Each Disbursement this Period 386.60
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. GOGOAIR.COM		Date of Disbursement MM / DD / YYYY 11 / 15 / 2015
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD.,		Transaction ID : SB23.141606
City ITASCA	State IL	
Purpose of Disbursement 2/26 DINERS CLUB PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 59.95
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) C. GOGOAIR.COM		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD.,		Transaction ID : SB23.141602
City ITASCA	State IL	
Purpose of Disbursement 2/26 DINERS CLUB PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 59.95
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).....	386.60
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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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. 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 02 / 15 / 2016

Transaction ID : SB23.141565

Amount of Each Disbursement this Period: 325.55

Memo Item

Category/Type: 101

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

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement FEE ADJUSTMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 02 / 01 / 2016

Transaction ID : SB23.141611

Amount of Each Disbursement this Period: 6256.68

Memo Item

Category/Type: 101

Full Name (Last, First, Middle Initial)
C. ISTREAM FINANCIAL SERVICES

Mailing Address 13555 BISHOPS COURT

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 02 / 04 / 2016

Transaction ID : SB23.141584

Amount of Each Disbursement this Period: 55.99

Memo Item

Category/Type:

Subtotal Of Receipts This Page (optional)..... 6638.22

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JUST WIN STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address PO BOX 2561		Transaction ID : SB23.141575
City ALEXANDRIA	State VA	
Purpose of Disbursement FIELD 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:		

Full Name (Last, First, Middle Initial) B. ROBERT H NELSON		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 1829 BAY STREET SE		Transaction ID : SB23.141576
City WASHINGTON	State DC	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 7000.00
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) C. PERCOLATE		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 107 GRAND STREET, 2ND FLOOR		Transaction ID : SB23.141577
City NEW YORK	State NY	
Purpose of Disbursement DIGITAL SERVICES	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:		

Subtotal Of Receipts This Page (optional)..... 15500.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS LLC		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Transaction ID : SB23.141569
City BEVERLY	State MA	
Purpose of Disbursement COMPLIANCE SOFTWARE & DEVELOPMENT		Amount of Each Disbursement this Period 4000.00
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. SHIRLEY & BANISTER PUBLIC AFFAIRS		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 122 S PATRICK STREET		Transaction ID : SB23.141578
City ALEXANDRIA	State VA	
Purpose of Disbursement COMMUNICATIONS CONSULTING		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:	

Full Name (Last, First, Middle Initial) C. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.141580
City MADISON	State WI	
Purpose of Disbursement POSTAGE REIMBURSEMENT		Amount of Each Disbursement this Period 95.47
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)..... 6595.47

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) A. STRIPE		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.141588
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 549.05
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. TARGETED VICTORY LLC		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 1033 N FAIRFAX STREET #40		Transaction ID : SB23.142084
City ALEXANDRIA	State VA	
Purpose of Disbursement FEE ADJUSTMENT	Candidate Name	Amount of Each Disbursement this Period -549.03
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) C. THE CHAMPION GROUP		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address PO BOX 1651		Transaction ID : SB23.141594
City MADISON	State WI	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....	2000.02
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:
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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. THE CHAMPION GROUP		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address PO BOX 1651		Transaction ID : SB23.141592
City MADISON	State WI	
Purpose of Disbursement POSTAGE REIMBURSEMENT	Category/ Type	Amount of Each Disbursement this Period 1032.85
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. THE MADISON CLUB		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 5 E WILSON ST		Transaction ID : SB23.141589
City MADISON	State WI	
Purpose of Disbursement CATERING/EVENT SERVICES	Category/ Type	Amount of Each Disbursement this Period 946.91
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) C. THE MADISON CLUB		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 5 E WILSON ST		Transaction ID : SB23.141590
City MADISON	State WI	
Purpose of Disbursement CATERING/EVENT SERVICES	Category/ Type	Amount of Each Disbursement this Period 946.91
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)..... 2926.67

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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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. THE PROSPER GROUP CORPORATION

Mailing Address 435 E. MAIN STREET
SUITE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 15 / 2016

Transaction ID : SB23.141579

Amount of Each Disbursement this Period: 12494.87

Memo Item

Category/Type: 101

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

Mailing Address 190 MONROE AVENUE NW #500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement REVENUE SHARE AND FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 01 / 2016

Transaction ID : SB23.141597

Amount of Each Disbursement this Period: 60933.37

Memo Item

Category/Type:

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

Mailing Address 275 SACRAMENTO ST 4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94111

Purpose of Disbursement 2/26 DINERS CLUB PMT: SOFTWARE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
11 / 11 / 2015

Transaction ID : SB23.141604

Amount of Each Disbursement this Period: 456.82

Memo Item

Category/Type:

Subtotal Of Receipts This Page (optional)..... → 73428.24

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

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

Full Name (Last, First, Middle Initial) A. UBERCONFERENCE		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 275 SACRAMENTO ST 4TH FLOOR		Transaction ID : SB23.141600
City SAN FRANCISCO	State CA	
Purpose of Disbursement 2/26 DINERS CLUB PMT: SOFTWARE SERVICES		Amount of Each Disbursement this Period 456.82
Candidate Name		<input checked="" 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. USPS		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.141586
City WASHINGTON	State DC	
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 330.00
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) C. VILLAGE GRAPHICS PRINTING LLC		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 108 W CAPITOL DRIVE		Transaction ID : SB23.141583
City HARTLAND	State WI	
Purpose of Disbursement PRINTING SERVICES		Amount of Each Disbursement this Period 11.56
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)..... 341.56

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WI DEPT OF ADMINISTRATION		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address PO BOX 7864		Transaction ID : SB23.141591
City MADISON	State WI	
Zip Code 53707	Purpose of Disbursement CANDIDATE MILEAGE	Amount of Each Disbursement this Period 1007.85
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. WISCONSIN DEPARTMENT OF REVENUE		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address PO BOX 930389		Transaction ID : SB23.141610
City MILWAUKEE	State WI	
Zip Code 53293	Purpose of Disbursement VOIDED CHECK	Amount of Each Disbursement this Period -20.00
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) C. WISTIA, INC.		Date of Disbursement MM / DD / YYYY 11 / 25 / 2015
Mailing Address 17 TUDOR STREET		Transaction ID : SB23.141608
City CAMBRIDGE	State MA	
Zip Code 02139	Purpose of Disbursement 2/26 DINERS CLUB PMT: WEB HOSTING	Amount of Each Disbursement this Period 300.00
Candidate Name	Category/Type	<input checked="" 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).....	987.85
Total This Period (last page this line number only).....	127421.08

**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) A. FRED STANTON		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 205 EAST 77TH STREET, PENTHOUSE C		Transaction ID : SB28A.143134
City NEW YORK	State NY	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

Total This Period (last page this line number only)..... 2700.00

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

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
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

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

Nature of Debt (Purpose):
STRATEGY CONSULTING

Mailing Address **16 LOREN WOODS**

City State Zip Code
ST LOUIS MO 63124

Outstanding Balance Beginning This Period

Transaction ID : SD12.137412

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
BAREFOOT CODERS LLC

Nature of Debt (Purpose):
TECHNICAL SERVICES

Mailing Address 1923 BRAGG STREET #140-2433

City State Zip Code
STANFORD NC 27330

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137413**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address PO BOX 577832

City State Zip Code
CHICAGO IL 60657

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137414**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
DIGITAL CONSULTING

Mailing Address 117 NORTH SAINT ASAPH STREET

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : **SD12.141563**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 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
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

38360.36

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

38360.36

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

Nature of Debt (Purpose):
 ONLINE ADVERTISING

Mailing Address 544 E OGDEN AVE

#700-161

City State Zip Code
 MILWAUKEE WI 53202

Outstanding Balance Beginning This Period

Transaction ID : SD12.4105

15000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

15000.00

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

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

Mailing Address 22780 INDIAN CREEK DRIVE

City State Zip Code
 DULLES VA 20166

Outstanding Balance Beginning This Period

Transaction ID : SD12.137417

8851.32

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

8851.32

- 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
DMM MEDIA

Nature of Debt (Purpose):
 VIDEO PRODUCTION SERVICES

Mailing Address 1911 N FORT MYER DRIVE #400

City State Zip Code
 ARLINGTON VA 22209

Outstanding Balance Beginning This Period

Transaction ID : SD12.137418

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 317 15TH STREET NE

City State Zip Code
 WASHINGTON DC 20002

Outstanding Balance Beginning This Period

Transaction ID : SD12.137419

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 DIGITAL CONSULTING

Mailing Address PO BOX 78266

City State Zip Code
 SAN FRANCISCO CA 94107

Outstanding Balance Beginning This Period

Transaction ID : SD12.137420

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 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
FLS CONNECT LLC

Nature of Debt (Purpose):
 TELEMARKETING AND DATA

Mailing Address 7300 HUDSON BLVD #270

City State Zip Code
 SAINT PAUL MN 55128

Outstanding Balance Beginning This Period

290000.00

Transaction ID : SD12.137421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

290000.00

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

Nature of Debt (Purpose):
 ONLINE ADVERTISING

Mailing Address 1600 AMPHITHEATRE PARKWAY

City State Zip Code
 MOUNTAIN VIEW CA 94043

Outstanding Balance Beginning This Period

16519.91

Transaction ID : SD12.137422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16519.91

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

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address N60 W39698 MARY LANE

City State Zip Code
 OCONOMOWOC WI 53066

Outstanding Balance Beginning This Period

7370.58

Transaction ID : SD12.137423

Amount Incurred This Period

325.55

Payment This Period

325.55

Outstanding Balance at Close of This Period

7370.58

- 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
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

14679.87

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

14679.87

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

Nature of Debt (Purpose):
 EVENT CONSULTING

Mailing Address 1919 M STREET NW #200

City State Zip Code
 WASHINGTON DC 20036

Outstanding Balance Beginning This Period

Transaction ID : SD12.137425

19188.76

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

19188.76

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

Nature of Debt (Purpose):
 DATA MANAGEMENT SERVICES

Mailing Address PO BOX 37046

City State Zip Code
 BALTIMORE MD 21297

Outstanding Balance Beginning This Period

Transaction ID : SD12.137426

7500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

7500.00

- 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
INFORELIANCE

Nature of Debt (Purpose):
TECHNICAL SERVICES

Mailing Address **LEGATO RD**

City State Zip Code
FAIRFAX VA 22033

Outstanding Balance Beginning This Period

Transaction ID : **SD12.141566**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
LEGAL CONSULTING

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

City State Zip Code
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137430**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
FIELD CONSULTING

Mailing Address **PO BOX 2561**

City State Zip Code
ALEXANDRIA VA 22301

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137431**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
FIELD CONSULTING

Mailing Address 69 BIRON STREET

City State Zip Code
MANCHESTER NH 03102

Outstanding Balance Beginning This Period

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
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

11410.08

Transaction ID : SD12.4111

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11410.08

- 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
MASENG COMMUNICATIONS

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address 11309 BAROQUE ROAD

City State Zip Code
 SILVER SPRING MD 20901

Outstanding Balance Beginning This Period

Transaction ID : SD12.4125

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 403 N SECOND STREET, 2ND FL

City State Zip Code
 HARRISBURG PA 17101

Outstanding Balance Beginning This Period

Transaction ID : SD12.137442

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 EVENT STAGING EXPENSE

Mailing Address 1851 SOUTH CLUB DRIVE

City State Zip Code
 HYATTSVILLE MD 20785

Outstanding Balance Beginning This Period

Transaction ID : SD12.4115

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 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
ROBERT H NELSON

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **1829 BAY STREET SE**

City State Zip Code
WASHINGTON DC 20003

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137444**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
DATA MANAGEMENT SERVICES

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

City State Zip Code
WINSTON-SALEM NC 27104

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137445**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
DIGITAL CONSULTING

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

City State Zip Code
NEW YORK NY 10013

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137447**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
WEB DEVELOPMENT

Mailing Address **3 CIRCLE DRIVE**

City State Zip Code
CARMEL IN 46032

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137448**

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
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**

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
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**

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
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

14000.00

Transaction ID : SD12.137452

Amount Incurred This Period

2000.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

12000.00

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

28110.27

Transaction ID : SD12.137454

Amount Incurred This Period

685.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

28795.77

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

Nature of Debt (Purpose):
 VIDEO PRODUCTION SERVICES

Mailing Address PO BOX 25122

City State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

39045.57

Transaction ID : SD12.137456

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39045.57

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

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address 122 S PATRICK STREET

City State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137457

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 PHOTOGRAPHY SERVICES

Mailing Address PO BOX 34763

City State Zip Code
 WASHINGTON DC 20043

Outstanding Balance Beginning This Period

Transaction ID : SD12.137458

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 717 KING STREET #205

City State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137459

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

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

Mailing Address 2800 SHIRLINGTON ROAD

9TH FLOOR

City State Zip Code
 ARLINGTON VA 22206

Outstanding Balance Beginning This Period

59140.57

Transaction ID : SD12.137460

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59140.57

B. 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

12494.87

Transaction ID : SD12.140368

Amount Incurred This Period

0.00

Payment This Period

12494.87

Outstanding Balance at Close of This Period

0.00

C. 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

11338.28

Transaction ID : SD12.137465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11338.28

- 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
VIZR INC.

Nature of Debt (Purpose):
TECHNICAL SERVICES

Mailing Address **259 TOPEKA AVENUE**

City State Zip Code
SAN FRANCISCO CA 94124

Transaction ID : SD12.137466

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

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

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) SUBTOTALS This Period This Page (optional)	<input type="text" value="9583.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="1093568.55"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....	<input type="text" value="1093568.55"/>