

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**RON JOHNSON VICTORY**

ADDRESS (number and street) **138 CONANT STREET**  
**2ND FLOOR**  
 Check if different than previously reported. (ACC) **BEVERLY MA 01915**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00671933** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2019 through  /  /  2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
CRATE, BRADLEY, T., MR.,  
Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T., MR., [Electronically Filed] Date  /  /  2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**RON JOHNSON VICTORY**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="64732.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="190900.00"/>	<input type="text" value="256300.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="255632.00"/>	<input type="text" value="257800.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46503.31"/>	<input type="text" value="48671.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="209128.69"/>	<input type="text" value="209128.69"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

RON JOHNSON VICTORY

Report Covering the Period: From: 07 / 01 / 2019 To: 09 / 30 / 2019

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	184300.00	249700.00
(ii) Unitemized .....	1600.00	1600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	185900.00	251300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	190900.00	256300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	190900.00	256300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	190900.00	256300.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14519.58	16687.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14519.58	16687.58
22. Transfers to Affiliated/Other Party Committees.....	31983.73	31983.73
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46503.31	48671.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46503.31	48671.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	190900.00	256300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	190900.00	256300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14519.58	16687.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14519.58	16687.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**RON JOHNSON VICTORY**

**A. ANDIS, RITA, K, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5315 WIND POINT ROAD

City RACINE	State WI	Zip Code 53402
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4360**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. ARNOLD, CELESTE, L, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 E CHOWNING SQ

City MEQUON	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) GREAT LAKES PACKAGING	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4350**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. BAKER, RICHARD, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N5128 CTY RD G

City ST. CLOUD	State WI	Zip Code 53079
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BAKER CHEESE	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4334**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. BARRY, SUZANNE, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15085 BENDING BRAE CT

City BROOKFIELD	State WI	Zip Code 53005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4449**

Amount of Each Receipt this Period  
5000.00

Memo Item  
REATTRIBUTION FROM SPOUSE

**B. BARRY, WILLIAM, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15085 BENDING BRAE COURT

City BROOKFIELD	State WI	Zip Code 53005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPEED SYSTEMS, INC	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4420**

Amount of Each Receipt this Period  
10000.00

Memo Item  
SEE REATTRIBUTION

**C. BARRY, WILLIAM, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15085 BENDING BRAE COURT

City BROOKFIELD	State WI	Zip Code 53005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SPEED SYSTEMS, INC	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4421**

Amount of Each Receipt this Period  
- 5000.00

Memo Item  
REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. BECKER, RICHARD, C., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3496 N. MURRAY AVE.

City MILWAUKEE	State WI	Zip Code 53211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

**Transaction ID : SA11AI.4392**

Amount of Each Receipt this Period  
2800.00

Memo Item

**B. BERG, JAMES, R., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1962 ROBINS RUN

City HARTFORD	State WI	Zip Code 53027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CUSTOM-PAK PRODUCTS	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

**Transaction ID : SA11AI.4384**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. BOUCHER, BERNICE, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4585 N SAWYER ROAD

City OCONOMOWOC	State WI	Zip Code 53066
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4319**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5800.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. BREGER, MARY, THERESE, DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3701 COUNTY HWY NN  
 City WEST BEND State WI Zip Code 53095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2019  
**Transaction ID : SA11AI.4378**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. BRUNK, ULLA, E, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W3885 CREEK LANE  
 City LAKE GENEVA State WI Zip Code 53147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRUNK INDUSTRIES Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11AI.4342**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. BURKE, KATHRYN, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7710 N. MERRIE LANE  
 City MILWAUKEE State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 11200.00

Date of Receipt 07 / 31 / 2019  
**Transaction ID : SA11AI.4291**  
 Amount of Each Receipt this Period 11200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. BURKE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 622 N WATER ST  
 STE 200  
 City MILWAUKEE State WI Zip Code 53202-4997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 08 / 28 / 2019  
**Transaction ID : SA11AI.4368**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. CARAWAY, JAMES, T, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9364 N LAKE DRIVE  
 City BAYSIDE State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
 08 / 28 / 2019  
**Transaction ID : SA11AI.4366**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item

**C. CARNEY, THOMAS, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 W JEFFERSON ST  
 City DARIEN State WI Zip Code 53114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROYAL BASKET TRUCKS, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 08 / 30 / 2019  
**Transaction ID : SA11AI.4370**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CARPENTER, CAROL, A., MS.,**

Mailing Address **656 W EVERGREEN COURT**

City <b>MILWAUKEE</b>	State <b>WI</b>	Zip Code <b>53217</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4415**

Amount of Each Receipt this Period  
**500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. CUMMINGS, VERONICA, M., MRS.,**

Mailing Address **S42W34721 BIG OAK DRIVE**

City <b>DOUSMAN</b>	State <b>WI</b>	Zip Code <b>53118</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RETIRED</b>	Occupation (for Individual) <b>RETIRED</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4433**

Amount of Each Receipt this Period  
**500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. CYGANIAK, JON, , ,**

Mailing Address **3515 N. 124TH STREET  
#27W**

City <b>BROOKFIELD</b>	State <b>WI</b>	Zip Code <b>53005</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>EXECUTIVE</b>	Occupation (for Individual) <b>CYGANIAK PLANNING</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2019

**Transaction ID : SA11AI.4273**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. DARROW, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7960 N RIVER ROAD

City RIVER HILLS	State WI	Zip Code 53217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RUSS DARROW GROUP	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2019

**Transaction ID : SA11AI.4279**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. DARROW, RUSSELL, M., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W133N8569 EXECUTIVE PKWY

City MENOMONEE FALLS	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) RUSS DARROW GROUP	Occupation (for Individual) AUTO DEALER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

**Transaction ID : SA11AI.4293**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C. DAVIDSON, RICHARD, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address S32 W33893 COUNTY RD G

City DOUSMAN	State WI	Zip Code 53118
-----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. DEAN, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10852 N LAKEVIEW RD

City MEQUON	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
2800.00

Memo Item

**B. EINHORN, NANCY, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8205 N RIVER OAD

City MILWAUKEE	State WI	Zip Code 53217
-------------------	-------------	-------------------

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

Name of Employer (for Individual) EINHORN ASSOCIATES, INC	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4438**

Amount of Each Receipt this Period  
11200.00

Memo Item  
SEE REATTRIBUTION

**C. EINHORN, NANCY, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8205 N RIVER OAD

City MILWAUKEE	State WI	Zip Code 53217
-------------------	-------------	-------------------

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

Name of Employer (for Individual) EINHORN ASSOCIATES, INC	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4439**

Amount of Each Receipt this Period  
- 5600.00

Memo Item  
REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. EINHORN, STEPHEN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8205 N RIVER ROAD  
 City MILWAUKEE State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EINHORN AND ASSOCIATES Occupation (for Individual) VENTURE CAPITALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 07 / 25 / 2019  
**Transaction ID : SA11AI.4446**  
 Amount of Each Receipt this Period 5600.00  
 Memo Item  
 REATTRIBUTION FROM SPOUSE

**B. FRYE, NATALIE, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 MADERA CIRCLE  
 City ELM GROVE State WI Zip Code 53122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BENEFIT SERVICES GROUP Occupation (for Individual) VOLUNTEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 25 / 2019  
**Transaction ID : SA11AI.4418**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item

**C. FRYE, NATALIE, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 940 MADERA CIRCLE  
 City ELM GROVE State WI Zip Code 53122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BENEFIT SERVICES GROUP Occupation (for Individual) VOLUNTEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11AI.4354**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. GENTINE, LOUIE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W6607 SANDSTONE LN

City PLYMOUTH	State WI	Zip Code 53073
------------------	-------------	-------------------

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

Name of Employer (for Individual) SARGENTO FOODS	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

**Transaction ID : SA11AI.4275**

Amount of Each Receipt this Period  
2800.00

Memo Item

**B. GORENSTEIN, RALPH, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 511190

City MILWAUKEE	State WI	Zip Code 53203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) BELL PROPERTY MANAGEMENT INC.	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

**Transaction ID : SA11AI.4374**

Amount of Each Receipt this Period  
2800.00

Memo Item

**C. HANSEN, MICHAEL, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 SOUTH VICTORIA PARK RD.

City FORT LAUDERDALE	State FL	Zip Code 33301
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) JACSTEN HOLDINGS, LLC	Occupation (for Individual) BUSINESS ADVISOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
5600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. HANSEN-HARSH, SANDRA, E., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 385 LEGEND VIEW

City WALES	State WI	Zip Code 53183
---------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4356**

Amount of Each Receipt this Period  
2800.00

Memo Item

**B. HAUBRICH, CHARLES, O., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33343 ACADEMY RD

City BURLINGTON	State WI	Zip Code 53105
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4311**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. HENDRICKS, DIANE, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 65

City AFTON	State WI	Zip Code 53501
---------------	-------------	-------------------

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

Name of Employer (for Individual) HENDRICKS HOLDING	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4412**

Amount of Each Receipt this Period  
5600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8900.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. HERZING, HENRY, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1660 N PROSPECT AVENUE, UNIT 1009  
 UNIT 1009  
 City MILWAUKEE State WI Zip Code 53202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HERZING UNIVERSITY Occupation (for Individual) CHANCELLOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 24 / 2019  
**Transaction ID : SA11AI.4390**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item

**B. HUGHES, JACK, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 N 68TH STREET  
 City MILWAUKEE State WI Zip Code 53213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2019  
**Transaction ID : SA11AI.4394**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. HUPY, MICHAEL, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3340 N WINDERMERE COURT  
 City MILWAUKEE State WI Zip Code 53211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUPY & ABRAHAM Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 11200.00

Date of Receipt 07 / 25 / 2019  
**Transaction ID : SA11AI.4435**  
 Amount of Each Receipt this Period 11200.00  
 Memo Item  
 SEE REATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 15000.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. HUPY, MICHAEL, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3340 N WINDERMERE COURT

City MILWAUKEE	State WI	Zip Code 53211
-------------------	-------------	-------------------

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

Name of Employer (for Individual) HUPY & ABRAHAM	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4436**

Amount of Each Receipt this Period  
- 6000.00

Memo Item  
REATTRIBUTION TO SPOUSE

**B. JOHNSON, GWEN, A, MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N170 W20239 HUNTERS ROAD

City JACKSON	State WI	Zip Code 53037
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MEDICAL COLLEGE OF WISCONSIN	Occupation (for Individual) RESEARCH SECRETARY
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4352**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. JOHNSON, H., FISK, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 MAIN STREET  
SUITE 500

City RACINE	State WI	Zip Code 53403
----------------	-------------	-------------------

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

Name of Employer (for Individual) S. C. JOHNSON & SON, INC.	Occupation (for Individual) CHAIRMAN & CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
11200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2019

**Transaction ID : SA11AI.4386**

Amount of Each Receipt this Period  
11200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. JOHNSON, KAREN, ANN, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N66 W13530 CRESTWOOD DRIVE

City MENOMONEE FALLS	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2019

**Transaction ID : SA11AI.4406**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. JOHNSON, PAMELA, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5711 6 MILE RD

City RACINE	State WI	Zip Code 53402
----------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2019

**Transaction ID : SA11AI.4336**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. KRAEMER, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W293 N7383 TAMRON LN

City HARTLAND	State WI	Zip Code 53029
------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2019

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
3000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. KRIZEK, RONALD, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 477

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

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

Name of Employer (for Individual) THE KRIZEK GROUP	Occupation (for Individual) ESTATE PLANNING
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2019  
**Transaction ID : SA11AI.4281**

Amount of Each Receipt this Period  
 2800.00

Memo Item

**B. KUBLY, BILLIE, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8245 N RANGE LINE ROAD

City RIVER HILLS	State WI	Zip Code 53217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2019  
**Transaction ID : SA11AI.4364**

Amount of Each Receipt this Period  
 1200.00

Memo Item

**C. KUESTER, DENNIS, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 SEAGATE DR

City NAPLES	State FL	Zip Code 34103
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2019  
**Transaction ID : SA11AI.4277**

Amount of Each Receipt this Period  
 2800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. LEE, ELEANOR, D., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1930 W. RIVER BEND CT.

City MEQUON	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4410**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. MAHONEY, P., MICHAEL, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9731 NORTH HILLTOP LANE

City MEQUON	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) BANK MANAGEMENT CORP	Occupation (for Individual) BANKER
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4442**

Amount of Each Receipt this Period  
2800.00

Memo Item

**C. MARTIN, QUINN, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26241 SIENA DR

City BONITA SPRINGS	State FL	Zip Code 34134
------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2019

**Transaction ID : SA11AI.4301**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. MCFARLAND, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1633 N. PROSPECT AVE.  
 17A  
 City MILWAUKEE State WI Zip Code 53202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTHWESTERN MUTUAL LIFE INS CO Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 22 / 2019**  
**Transaction ID : SA11AI.4307**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. MELLOWES, LINDA, T, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9560 N LAKE DRIVE  
 City MILWAUKEE State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 28 / 2019**  
**Transaction ID : SA11AI.4362**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. MOBLEY, VAN, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 HEIDEL RD  
 City THIENSVILLE State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CUW Occupation (for Individual) PROFESSOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **08 / 28 / 2019**  
**Transaction ID : SA11AI.4344**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. NICHOLS, THOMAS, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14555 JUNEAU BLVD

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

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

Name of Employer (for Individual) MEISSNER TIERNEY FISHER & NICHOLS	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

**Transaction ID : SA11AI.4376**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. O'BRIEN, PATRICK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 N. PROSPECT AVENUE #3002

City RACINE	State WI	Zip Code 53403
----------------	-------------	-------------------

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

Name of Employer (for Individual) PARIS PRESENTS INC.	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

**Transaction ID : SA11AI.4285**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. PARKS, RICK, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1941 FRONTIER COURT

City WEST BEND	State WI	Zip Code 53095
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SOCIETY INSURANCE	Occupation (for Individual) INSURANCE EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

**Transaction ID : SA11AI.4396**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. PATTERSON, MARY, P., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1215 VALLEY VIEW DRIVE

City RACINE	State WI	Zip Code 53405
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2019

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. PERKINS, DAVID, M, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 LAKE CREST DRIVE

City RACINE	State WI	Zip Code 53402
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4317**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. PETULLO, ANTHONY, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5300 NORTH LAKE DRIVE

City WHITEFISH BAY	State WI	Zip Code 53217
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4444**

Amount of Each Receipt this Period  
5600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6600.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. PIEPER, RICHARD, RAY, MR., SR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11602 N SHORECLIFF LN

City MEQUON	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

**Transaction ID : SA11AI.4372**

Amount of Each Receipt this Period  
2800.00

Memo Item

**B. READ, MARY, B., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 N. PROSPECT AVE  
UNIT 2801

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4423**

Amount of Each Receipt this Period  
2800.00

Memo Item

**C. RINALDI, JOHN, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3691 RED OAK COURT

City HUBERTUS	State WI	Zip Code 53033
------------------	-------------	-------------------

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

Name of Employer (for Individual) RTA	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4419**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. RINALDI, JOHN, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3691 RED OAK COURT

City HUBERTUS	State WI	Zip Code 53033
------------------	-------------	-------------------

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

Name of Employer (for Individual) RTA	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

**Transaction ID : SA11AI.4388**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. ROETKER, LINDA, K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W4815 MEIKLEJOHN DRIVE

City FOND DU LAC	State WI	Zip Code 54937
---------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. SCHMITZ, ALAN, D., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6648 WALTERS DRIVE

City WEST BEND	State WI	Zip Code 53090
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

**Transaction ID : SA11AI.4404**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. SCHUEMANN, MARGARET, S., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1950 W DEAN ROAD

City MILWAUKEE	State WI	Zip Code 53217
-------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

**Transaction ID : SA11AI.4287**

Amount of Each Receipt this Period  
2800.00

Memo Item

**B. SCHUMAKER, RICHARD, E., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9565 BOLTONVILLE ROAD

City KEWASKUM	State WI	Zip Code 53040
------------------	-------------	-------------------

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

Name of Employer (for Individual) NORTHWESTERN MUTUAL	Occupation (for Individual) FINANCIAL ADVISOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11AI.4315**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C. SCHUYLER, PATRICIA, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8221 NORTH PELICAN LANE

City RIVER HILLS	State WI	Zip Code 53217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2019

**Transaction ID : SA11AI.4271**

Amount of Each Receipt this Period  
2800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. SCHWERTFEGER, FREDERICK, F., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13020 ORIOLE LANE

City BROOKFIELD	State WI	Zip Code 53005
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HORICON BANK	Occupation (for Individual) BANKER
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

**Transaction ID : SA11AI.4450**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. SMITH, GUY, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N96 W18221 COUNTY LINE RD

City MENOMONEE FALLS	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) SUBURBAN ELECTRICAL ENGINEERS	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

**Transaction ID : SA11AI.4398**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. SMITH, ROGER, S., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9624 N LAMPLIGHTER LANE

City MEQUON	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

**Transaction ID : SA11AI.4402**

Amount of Each Receipt this Period  
2800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. SOKOLY, THEODORE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7403 W MORNINGSDIE CT

City FRANKLIN	State WI	Zip Code 53132
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2019

**Transaction ID : SA11AI.4380**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. SPENNER-HUPY, SUZANNE, C., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3340 NORTH WINDERMERE COURT

City MILWAUKEE	State WI	Zip Code 53211
-------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4448**

Amount of Each Receipt this Period  
6000.00

Memo Item  
REATTRIBUTION FROM SPOUSE

**C. STRACHOTA, PATRICIA, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 639 RIDGE ROAD

City WEST BEND	State WI	Zip Code 53095
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
1400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. THIEL, SUSAN, F, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N76W36096 SADDLEBROOK LN

City OCONOMOWOC	State WI	Zip Code 53066-1167
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MRA - THE MANAGEMENT ASSOCIATION	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
08 / 28 / 2019  
**Transaction ID : SA11AI.4338**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. TOLL, NANCY, A., MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7403 WEST MORNINGSIDE COURT

City FRANKLIN	State WI	Zip Code 53132
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 13 / 2019  
**Transaction ID : SA11AI.4382**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. ULRICH, DEBORAH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7388 TRINITY COURT

City FRANKLIN	State WI	Zip Code 53132
------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
08 / 08 / 2019  
**Transaction ID : SA11AI.4299**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. VOTTO, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 PARKSIDE DRIVE  
 City BROOKFIELD State WI Zip Code 53005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2019  
**Transaction ID : SA11AI.4305**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. WILFER, RONALD, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 301  
 City MENOMONEE FALLS State WI Zip Code 53052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BURN RIGHT PRODUCTS, LLC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11AI.4332**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. WILSON, DONALD, S., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19160 STILL POINT TRAIL  
 City BROOKFIELD State WI Zip Code 53045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIDUCIARY MANAGEMENT INC. Occupation (for Individual) TREASURER AND VICE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 25 / 2019  
**Transaction ID : SA11AI.4429**  
 Amount of Each Receipt this Period 2800.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WUESTHOFF, WILLIAM, E, MR.,</b>		Date of Receipt
Mailing Address 10737 ESSEX COURT		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2019"/>
City MEQUON	State WI	Zip Code 53092-8531
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4440</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WUESTHOFF, WILLIAM, E, MR.,</b>		Date of Receipt
Mailing Address 10737 ESSEX COURT		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2019"/>
City MEQUON	State WI	Zip Code 53092-8531
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4326</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. YORK, MARY, J, MS.,</b>		Date of Receipt
Mailing Address 1040 MADERA CIRCLE		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2019"/>
City ELM GROVE	State WI	Zip Code 53122
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4348</b>
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. YOUNG, FRED, M., MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3201 MICHIGAN BOULEVARD

City RACINE	State WI	Zip Code 53402
----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4427**

Amount of Each Receipt this Period  
2800.00

Memo Item

**B. ZIEGLER, STEPHEN, J, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N65W35145 ROAD J

City OCONOMOWOC	State WI	Zip Code 53066
--------------------	-------------	-------------------

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

Name of Employer (for Individual) INPRO	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4425**

Amount of Each Receipt this Period  
5600.00

Memo Item

**C. ZORE, DIANE, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2505 WEST DEAN ROAD

City RIVER HILLS	State WI	Zip Code 53217
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
5600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14000.00
<b>TOTAL</b> This Period (last page this line number only).....	184300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. DIRECT SUPPLY, INC. PARTNERS PAC (DSI PARTNERS PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6767 NORTH INDUSTRIAL ROAD

City MILWAUKEE	State WI	Zip Code 53223
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		28		2019

**Transaction ID : SA11C.4358**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B.4248

Amount of Each Disbursement this Period

448.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 08 / 2019

FEC Identification Number

C

Transaction ID : SB21B.4249

Amount of Each Disbursement this Period

232.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 10 / 2019

FEC Identification Number

C

Transaction ID : SB21B.4250

Amount of Each Disbursement this Period

40.00

Memo Item

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

720.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name (Last, First, Middle Initial)

**A. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.4251  
Amount of Each Disbursement this Period

[ ] 224.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.4252  
Amount of Each Disbursement this Period

[ ] 40.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.4253  
Amount of Each Disbursement this Period

[ ] 112.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[ ] 376.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name (Last, First, Middle Initial)

**A. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

C [ ]

City BEVERLY State MA Zip Code 01915

Transaction ID : SB21B.4254

Purpose of Disbursement  
MERCHANT FEES

Amount of Each Disbursement this Period

Candidate Name

Category/Type

[ ] 714.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

C [ ]

City BEVERLY State MA Zip Code 01915

Transaction ID : SB21B.4255

Purpose of Disbursement  
MERCHANT FEES

Amount of Each Disbursement this Period

Candidate Name

Category/Type

[ ] 80.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

C [ ]

City BEVERLY State MA Zip Code 01915

Transaction ID : SB21B.4256

Purpose of Disbursement  
MERCHANT FEES

Amount of Each Disbursement this Period

Candidate Name

Category/Type

[ ] 76.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

[ ] 870.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name (Last, First, Middle Initial)

**A. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

C [REDACTED]

City BEVERLY State MA Zip Code 01915

Transaction ID : SB21B.4257

Purpose of Disbursement  
MERCHANT FEES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

[REDACTED] 20.00

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

C [REDACTED]

City BEVERLY State MA Zip Code 01915

Transaction ID : SB21B.4258

Purpose of Disbursement  
MERCHANT FEES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

[REDACTED] 40.00

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

C [REDACTED]

City BEVERLY State MA Zip Code 01915

Transaction ID : SB21B.4259

Purpose of Disbursement  
MERCHANT FEES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

[REDACTED] 80.00

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 140.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name (Last, First, Middle Initial)

## A. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2019

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

C
---

City BEVERLY State MA Zip Code 01915

Transaction ID : **SB21B.4260**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
MERCHANT FEES

--

220.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

## B. NORTH SHORE VALET

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2019

Mailing Address 14007 N. PORT WASHINGTON ROAD

FEC Identification Number

C
---

City MEQUON State WI Zip Code 53097

Transaction ID : **SB21B.4262**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
PARKING SERVICES

--

750.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

## C. RED CURVE SOLUTIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2019

Mailing Address 138 CONANT ST, SECOND FLOOR

FEC Identification Number

C
---

City BEVERLY State MA Zip Code 01915

Transaction ID : **SB21B.4263**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
COMPLIANCE CONSULTING

--

1500.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

2470.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

**A. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST, SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4264

Amount of Each Disbursement this Period: 2250.00

Memo Item

**B. STEINERT PRINTING COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 1465 S WASHBURN ST

City OSHKOSH State WI Zip Code 54904

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4265

Amount of Each Disbursement this Period: 7693.58

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

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

9943.58
14519.58



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RON JOHNSON VICTORY**

Full Name (Last, First, Middle Initial)

### A. STRATEGY PAC

Mailing Address C/O RED CURVE SOLUTIONS, LLC  
138 CONANT STREET, 2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
TRANSFER OF NET PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	3		2	0	1	9		

FEC Identification Number

C C00497842

Transaction ID : SB22.4267

Amount of Each Disbursement this Period

31983.73

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

31983.73

31983.73