

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Glenn Grothman for Congress

ADDRESS (number and street)

PO Box 1215

Check if different than previously reported. (ACC)

Fond du Lac

WI

54964-1215

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00561597

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

WI

06

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11 /

08 /

2016

in the State of

WI

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

/

/

/

in the State of

5. Covering Period

10 /

01 /

2016

through

10 /

19 /

2016

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

Lind, Kate, , ,

Type or Print Name of Treasurer

Lind, Kate, , ,

Signature of Treasurer

[Electronically Filed]

Date

10 /

27 /

2016

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

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Glenn Grothman for Congress

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 46208.63 | 994406.60 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 7900.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 46208.63 | 986506.60 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 197996.90 | 810538.92 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 7602.37 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 197996.90 | 802936.55 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 238252.84 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 130160.00 | |

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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Glenn Grothman for Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 31835.00 | 581661.77 |
| (ii) Unitemized | 12421.76 | 123648.88 |
| (iii) TOTAL of contributions from individuals | 44256.76 | 705310.65 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 1951.87 | 289095.95 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 46208.63 | 994406.60 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 7602.37 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 1580.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 46208.63 | 1003588.97 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 53

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 197996.90 | 810538.92 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 5500.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 2400.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 7900.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 6500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 197996.90 | 824938.92 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 390041.11 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 46208.63 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 436249.74 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 197996.90 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 238252.84 |

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

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

FOR LINE NUMBER: PAGE 5 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
ARNOLD, JOHN, , ,
 Mailing Address 36 PAGET ROAD
 City MADISON State WI Zip Code 53704-5929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MECHANICAL SYSTEMS, INC Occupation ENGINEER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 990.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 11 2016
Transaction ID : SA11A.7370
 Amount of Each Receipt this Period
 990.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BALESTRIERI, JOSEPH, A., ,
 Mailing Address 334 WOODLYN DRIVE
 City MEQUON State WI Zip Code 53092-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE RAVE Occupation OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7603
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARTLEY, DAVID, , MR.,
 Mailing Address 1161 BLUEBIRD AVE
 City MARCO ISLAND State FL Zip Code 34145-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEMATIC Occupation MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 11 2016
Transaction ID : SA11A.7427
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

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

1740.00

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 OF 53 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
BARTLEIN, THOMAS, , MR.,

Mailing Address 1533 RIDGEVIEW CT.

| | | |
|-----------------|-------------|------------------------|
| City GRAFTON | State WI | Zip Code 53024-1606 |
|-----------------|-------------|------------------------|

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

| | |
|--------------------------|-------------------------|
| Name of Employer SELF | Occupation ARCHITECT |
|--------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11A.7426

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAUER, KURT, R., ,

Mailing Address 501 E WASHINGTON AVENUE

| | | |
|-----------------|-------------|------------------------|
| City MADISON | State WI | Zip Code 53703-2914 |
|-----------------|-------------|------------------------|

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

| | |
|-------------------------|-------------------------|
| Name of Employer WMC | Occupation PRESIDENT |
|-------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11A.7462

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BENZINGER, MARK, T., ,

Mailing Address W958 N SHORE DRIVE

| | | |
|-------------------|-------------|------------------------|
| City ST. CLOUD | State WI | Zip Code 53079-1337 |
|-------------------|-------------|------------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.7475

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 1750.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 7 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
BERG, JAMES, ,

Mailing Address 1962 ROBINS RUN

City HARTFORD State WI Zip Code 53027-9026

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
950.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7468

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address N8617 PETERSON ROAD

City WISCONSIN DELLS State WI Zip Code 53965-9426

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

Name of Employer BANK OF WISCONSIN DELLS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7600

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BREGER, MARY, THERESE, DR.,

Mailing Address 3701 COUNTY HIGHWAY NN

City WEST BEND State WI Zip Code 53095-8763

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

Name of Employer MARY T. BREGER, MD, SC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7596

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
BUESTRIN, LISA, , ,
 Mailing Address 1000 W CALUMET ROAD
 City RIVER HILLS State WI Zip Code 53217-3008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 501.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 04 2016
Transaction ID : SA11A.7196
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHESEBRO, ROBERT, E., , JR.
 Mailing Address 216 EUCLID AVENUE
 City SHEBOYGAN State WI Zip Code 53083-5052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WIGWAM MILLS INC Occupation CHAIRMAN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1975.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7574
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COLBURN, SCOTT, , ,
 Mailing Address 952 COUNTY J
 City FRIENDSHIP State WI Zip Code 53934-9484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7535
 Amount of Each Receipt this Period
 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 1150.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
CROSS, LINDA, , ,

Mailing Address PO BOX 173

City WAUPACA State WI Zip Code 54981-0173

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 11 2016

Transaction ID : SA11A.7410

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 4328 W. SQUIRE RD.

City MEQUON State WI Zip Code 53092-2174

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

Name of Employer JORGENSEN CONVEYORS, INC. Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 14 2016

Transaction ID : SA11A.7671

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 17624 KASMER ROAD

City MISHICOT State WI Zip Code 54228-9442

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

Name of Employer AURORA HEALTH CARE Occupation DIRECTOR OF SECURITY OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 14 2016

Transaction ID : SA11A.7458

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
DESJARLAIS, ROBERT, E., ,
 Mailing Address 17624 KASMER ROAD
 City MISHICOT State WI Zip Code 54228-9442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AURORA HEALTH CARE Occupation DIRECTOR OF SECURITY OPERATIONS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7610
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DESTREE, DOLORES, , ,
 Mailing Address 2512 RIVERHILLS ROAD
 City TWO RIVERS State WI Zip Code 54241-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7611
 Amount of Each Receipt this Period
 50.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DINEEN, DANIEL, R., ,
 Mailing Address 5979 SCENIC DRIVE
 City WEST BEND State WI Zip Code 53095-4413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANDENHEUVAL & DINEEN Occupation ATTORNEY
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7578
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 11 OF 53 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
EDWARDS, JIM, , ,

Mailing Address 1399 CHIPPEWA TRAIL

| | | |
|-----------------|-------------|--------------------|
| City MOSINEE | State WI | Zip Code 54455- |
|-----------------|-------------|--------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.7655

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address N1556 COUNTY ROAD O
N 1556 HWY O

| | | |
|------------------|-------------|------------------------|
| City HARTFORD | State WI | Zip Code 53027-9605 |
|------------------|-------------|------------------------|

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

| | |
|--|-------------------------|
| Name of Employer SUSSEX INJECTION MOLDING CO. | Occupation PRESIDENT |
|--|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11A.7393

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FALL, JOSEPH, , , IV

Mailing Address 3716 TREMONT COURT

| | | |
|----------------|-------------|------------------------|
| City MEQUON | State WI | Zip Code 53092-6306 |
|----------------|-------------|------------------------|

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

| | |
|-----------------------------------|---------------------------|
| Name of Employer SELF EMPLOYED | Occupation RESTAURANTS |
|-----------------------------------|---------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11A.7373

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 1750.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
FEDLER, RONALD, G., ,
 Mailing Address 3291 HUNTER HOLLOW ROAD
 City DODGEVILLE State WI Zip Code 53533-8839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GOLDLEAF DEVELOPMENT Occupation DEVELOPER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 12 2016
Transaction ID : SA11A.7434
 Amount of Each Receipt this Period
 2700.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FLORIO, PHILIP, , MR., JR.
 Mailing Address 514 OAK CREST DRIVE
 City OSHKOSH State WI Zip Code 54904-9282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 06 2016
Transaction ID : SA11A.7311
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FREDERICK, JENNIE, C., ,
 Mailing Address N171W20471 VALLEY DRIVE
 City JACKSON State WI Zip Code 53037-9450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AT&T Occupation SENIOR PROGRAM MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7585
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2900.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 13 OF 53 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
GALANTE, TIM, , ,

Mailing Address 716 VINE PLACE

| | | |
|-------------------|-------------|------------------------|
| City WEST BEND | State WI | Zip Code 53095-4649 |
|-------------------|-------------|------------------------|

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

| | |
|---|-------------------|
| Name of Employer KEY TECHNICAL SOLUTIONS | Occupation CEO |
|---|-------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.7593

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 6240 N LAKE DRIVE

| | | |
|-------------------|-------------|------------------------|
| City MILWAUKEE | State WI | Zip Code 53217-4340 |
|-------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.7598

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1015 NUCLEAR ROAD

| | | |
|------------------|-------------|------------------------|
| City MISHICOT | State WI | Zip Code 54228-9427 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11A.7420

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 1100.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 14 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
GROSS, THOMAS, , ,
 Mailing Address 910 COUNTRY CLUB LANE
 City FOND DU LAC State WI Zip Code 54935-9702
 FEC ID number of contributing federal political committee. C
 Name of Employer AHERN GROSS PLUMBING Occupation OWNER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7615
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GROTHMAN, GRANT, , ,
 Mailing Address 13345 N LAUREL LANE
 City MEQUON State WI Zip Code 53097-2426
 FEC ID number of contributing federal political committee. C
 Name of Employer NORTHWESTERN MUTUAL Occupation INVESTMENT OPERATIONS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1036.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7583
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GURATH, DANIEL, , ,
 Mailing Address N5609 VALLEY CREEK ROAD
 City FOND DU LAC State WI Zip Code 54937-9610
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7548
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION

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

590.00

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

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

FOR LINE NUMBER: PAGE 15 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
GUST, RICHARD, L.,

Mailing Address **W1169 STOKDYK INGELSE ROAD**

City **OOSTBURG** State **WI** Zip Code **53070-1612**

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

Name of Employer **LIBERTY TIRE RECYCVLING** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Date of Receipt
10 / 11 / 2016

Transaction ID : SA11A.7411

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address **5431 SILVER LAKE DRIVE**

City **WEST BEND** State **WI** Zip Code **53095-8714**

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

Name of Employer **TIC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
246.00

Date of Receipt
10 / 19 / 2016

Transaction ID : SA11A.7554

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 429**

City **WAUTOMA** State **WI** Zip Code **54982-0429**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
10 / 18 / 2016

Transaction ID : SA11A.7659

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **625.00**

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

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

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

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
HANSON, CURTIS, E., ,
 Mailing Address **W0185 COUNTY K**

City **COLUMBUS** State **WI** Zip Code **53925-**

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

Name of Employer **MID-STATE EQUIPMENT** Occupation **SALES MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : SA11A.7302

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HANSON, THOMAS, L., ,
 Mailing Address **5924 OAK HOLLOW DRIVE**

City **MCFARLAND** State **WI** Zip Code **53558-9063**

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

Name of Employer **ALLIANT ENERGY** Occupation **SVP & CFO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.7469

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HAUSKE, THOMAS, , ,
 Mailing Address **4845 MUELLER LANE**

City **WEST BEND** State **WI** Zip Code **53095-9263**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11A.7460

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 17 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
HEATWOLE, CRAIG, G., ,

Mailing Address 525 N HOLDEN STREET

City PORT WASHINGTON State WI Zip Code 53074-1510

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 14 2016

Transaction ID : SA11A.7443

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

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

Mailing Address 851 CRESTVIEW DRIVE

City WEST BEND State WI Zip Code 53095-4625

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

Name of Employer JOHNSON SCHOOL BUS Occupation GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 11 2016

Transaction ID : SA11A.7366

Amount of Each Receipt this Period
150.00

Memo Item CONTRIBUTION

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

Mailing Address 710 ORCHARD STREET

City WEST BEND State WI Zip Code 53095-4638

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 11 2016

Transaction ID : SA11A.7416

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
KELLER, ROBERT, L., ,
Mailing Address PO BOX 388

City: NEENAH State: WI Zip Code: 54957-0388

FEC ID number of contributing federal political committee: C

Name of Employer: JJ KELLER Occupation: CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 10 / 19 / 2016
Transaction ID : SA11A.7530

Amount of Each Receipt this Period: 2000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIECKHAFFER, ALLAN, , ,
Mailing Address 818 CRESTVIEW DRIVE

City: WEST BEND State: WI Zip Code: 53095-4626

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 750.00

Date of Receipt: 10 / 17 / 2016
Transaction ID : SA11A.7664

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KLIMISCH, RONALD, L., ,
Mailing Address 402 PINE ISLAN LANE

City: SCHOFIELD State: WI Zip Code: 54476-1811

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 19 / 2016
Transaction ID : SA11A.7622

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
KOPP, DOUGLAS, R., ,

Mailing Address 3970 SPRING BREEZE COURT NE

| | | |
|---------------|-------------|------------------------|
| City SOLOM | State IA | Zip Code 52333-9599 |
|---------------|-------------|------------------------|

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

| | |
|------------------------------------|-------------------------|
| Name of Employer ALLIANT ENERGY | Occupation PRESIDENT |
|------------------------------------|-------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7467

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KREILKAMP, RITA, K., ,

Mailing Address 6490 CROOKED ROAD

| | | |
|------------------|-------------|------------------------|
| City ALLENTON | State WI | Zip Code 53002-9509 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer SELF-EMPLOYED | Occupation SELF-EMPLOYED |
|-----------------------------------|-----------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7577

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 10 SEAGATE DRIVE, THREE S

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

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 12 2016

Transaction ID : SA11A.7433

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 3450.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 20 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
LA FAVE, GARY, , ,

Mailing Address **N3174 HOOKER ROAD**

City **POYNETTE** State **WI** Zip Code **53955-9438**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7562

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LARSEN, JOHN, O., ,

Mailing Address **1223 BONGARD DRIVE**

City **WAUNAKEE** State **WI** Zip Code **53597-2657**

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

Name of Employer **ALLIANT ENERGY** Occupation **SVP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7473

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAWRIE, PETER, R., ,

Mailing Address **N2951 W CENTER ROAD**

City **WAUPUN** State **WI** Zip Code **53963-9446**

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

Name of Employer **SELF EMPLOYED** Occupation **AUTO MECHANIC**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7566

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **475.00**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
LEE, ELEANOR, D., ,
 Mailing Address 1930 W RIVER BEND COURT
 City MEQUON State WI Zip Code 53092-2925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 11 2016
Transaction ID : SA11A.7394
 Amount of Each Receipt this Period
 350.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LENGH, ROBERT, G., DR.,
 Mailing Address 3338 FLEUR DE LIS DRIVE
 City MEQUON State WI Zip Code 53092-2359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WEIMER BEARING & TRANSMISSION Occupation SALES
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7523
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LIESKE, ETHEL, , ,
 Mailing Address 534 S MARGARET STREET
 City MARKESAN State WI Zip Code 53946-7140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 11 2016
Transaction ID : SA11A.7401
 Amount of Each Receipt this Period
 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
LOOMIS, ROBERT, S., ,
 Mailing Address **W75N729 TOWER AVENUE**
 City **CEDARBURG** State **WI** Zip Code **53012-1024**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **RETIRED** Occupation **RETIRED**
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 19 / 2016
Transaction ID : SA11A.7628
 Amount of Each Receipt this Period
100.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCCABE, MARK, R., ,
 Mailing Address **705 RIVER OAKS**
 City **SHEBOYGAN FALLS** State **WI** Zip Code **53085-1045**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **MCCLONE** Occupation **SALES**
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 19 / 2016
Transaction ID : SA11A.7531
 Amount of Each Receipt this Period
250.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHALAK, ANNEMARIE, G., ,
 Mailing Address **459 ABBOTT AVENUE**
 City **HARTFORD** State **WI** Zip Code **53027-2712**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **USPS** Occupation **POSTAL CLEARK**
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 19 / 2016
Transaction ID : SA11A.7581
 Amount of Each Receipt this Period
250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **600.00**
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 23 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
MOHR, KATHY, D., ,
Mailing Address **W1774 RIVERWOODS COURT**

City **SHEBOYGAN** State **WI** Zip Code **53083-1630**

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

Name of Employer **PLASTICS ENGINEERING COMPANY** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7541

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MOHS, MARY, M., ,
Mailing Address **512 WISCONSIN AVENU**

City **MADISON** State **WI** Zip Code **53703-1403**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7631

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MOLL, CLAUDETTE, , ,
Mailing Address **8318 HILLTOP LANE**

City **KEWASKUM** State **WI** Zip Code **53040-9230**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7594

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 24 OF 53 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
MOSLING, KATHRYN, A., ,

Mailing Address 1140 NORTH EAGLE STREET, APARTMENT

| | | |
|-----------------|-------------|------------------------|
| City OSHKOSH | State WI | Zip Code 54902-2668 |
|-----------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.7543

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address N10453 STATE ROAD 175

| | | |
|----------------|-------------|------------------------|
| City LOMIRA | State WI | Zip Code 53048-9705 |
|----------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11A.7442

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

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

Mailing Address 300 WEST TRILLIUM ROAD

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

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

| | |
|--------------------------------------|------------------------|
| Name of Employer REINHART BOERNER | Occupation ATTORNEY |
|--------------------------------------|------------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.7691

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 330.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 25 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
OBERNBERGER, BONNIE, A., ,
 Mailing Address 5927 QUAKER HILL DRIVE
 City RACINE State WI Zip Code 53406-2747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7542
 Amount of Each Receipt this Period
 150.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PARKER, PHILLIP, C., ,
 Mailing Address N4960 BLUEBERRY LANE
 City PLYMOUTH State WI Zip Code 53073-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 382.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7488
 Amount of Each Receipt this Period
 75.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAULUS, DAVID, M., ,
 Mailing Address 12916 NORTH FOX HOLLOW ROAD
 City MEQUON State WI Zip Code 53097-1803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7511
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
PRENTICE, ROBERT, , ,

Mailing Address 514 FAIRVIEW AVENUE

City RIPON State WI Zip Code 54971-1615

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

Name of Employer AHS Occupation EXECUTIVE/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7567

Amount of Each Receipt this Period
200.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
READER, J, PHILIP, , ,

Mailing Address 2116 HILLCREST DRIVE

City DELAVAN State WI Zip Code 53115-3856

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

Name of Employer PRECISION PLUS INC. Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7635

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 201 AVALON ROAD

City COLUMBUS State WI Zip Code 53925-1807

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2016

Transaction ID : SA11A.7661

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 53
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
SCHLOUGH, STUART, E., ,
 Mailing Address 1655 CONNERS ROAD
 City MARSHALL State WI Zip Code 53559-9729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7550
 Amount of Each Receipt this Period
 50.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCHMIDT, JOEL, , ,
 Mailing Address 1721 EMERALD COURT
 City ROBINS State IA Zip Code 52328-9651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLIANT ENERGY Occupation VP REGULATORY AFFAIRS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 19 2016
Transaction ID : SA11A.7472
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SCHNEIDER, SUSAN, D., ,
 Mailing Address 258 FREDONIA AVENUE
 City FREDONIA State WI Zip Code 53021-9401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 11 2016
Transaction ID : SA11A.7396
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 28 OF 53 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
SODA, ANTHONY, , ,

Mailing Address N5803 COUNTY ROAD D

| | | |
|-------------------|-------------|------------------------|
| City PRINCETON | State WI | Zip Code 54968-8530 |
|-------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11A.7496

Amount of Each Receipt this Period
 _____ 40.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEINER, LINDA, M., ,

Mailing Address 3365 ROCK RIDGE ROAD

| | | |
|-------------------|-------------|------------------------|
| City WEST BEND | State WI | Zip Code 53095-7600 |
|-------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11A.7588

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STOCKHAUSEN, CURTIS, M., ,

Mailing Address 7251 W SUMMIT CIR

| | | |
|-------------------|-------------|------------------------|
| City WEST BEND | State WI | Zip Code 53090-1170 |
|-------------------|-------------|------------------------|

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

| | |
|-----------------------------------|-----------------------|
| Name of Employer SELF-EMPLOYED | Occupation BUILDER |
|-----------------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11A.7591

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 790.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 29 OF 53 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | | | |
|---|-------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. STRACHOTA, JOHN, , , | | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2016 | |
| Mailing Address 1026 SAINT AUGUSTINE ROAD | | | Transaction ID : SA11A.7459 | |
| City HUBERTUS | State WI | Zip Code 53033-9766 | Amount of Each Receipt this Period _____ 500.00 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer RETIRED | | Occupation RETIRED | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ _____ 500.00 | | |

| | | | | |
|---|-------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. TEDUITS, ERIC, , , | | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2016 | |
| Mailing Address 5653 ASHBOURNE ROAD | | | Transaction ID : SA11A.7672 | |
| City FITCHBURG | State WI | Zip Code 53711-6966 | Amount of Each Receipt this Period _____ 500.00 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer SELF | | Occupation DENTIST | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ _____ 500.00 | | |

| | | | | |
|---|-------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. TORAASON, LARRY, R., , | | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2016 | |
| Mailing Address 309 KETTLE COURT | | | Transaction ID : SA11A.7489 | |
| City SLINGER | State WI | Zip Code 53086-9404 | Amount of Each Receipt this Period _____ 100.00 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer RETIRED | | Occupation RETIRED | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ _____ 400.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 1100.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

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

FOR LINE NUMBER: PAGE 30 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
VERBOS, THOMAS, J., ,

Mailing Address **N3471 E WINN ROAD**

City **CHILTON** State **WI** Zip Code **53014-9483**

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

Name of Employer **STEEL CRAFT CORPORATION** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7580

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VOELLER, MICHAEL, J., ,

Mailing Address **925 NORIDGE TRAIL**

City **PORT WASHINGTON** State **WI** Zip Code **53074-1362**

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

Name of Employer **WISCONSIN STAMPING** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 11 2016

Transaction ID : SA11A.7395

Amount of Each Receipt this Period
350.00

Memo Item
CONTRIBUTION

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

Mailing Address **57 CAMBRIDGE ROAD**

City **MADISON** State **WI** Zip Code **53074-5961**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7602

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 31 OF 53
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
WALLOCH, G., J., ,

Mailing Address 7792 TUCKAWAY SHORES DRIVE

City FRANKLIN State WI Zip Code 53132-8943

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 14 2016

Transaction ID : SA11A.7449

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALLOCH, G., J., ,

Mailing Address 7792 TUCKAWAY SHORES DRIVE

City FRANKLIN State WI Zip Code 53132-8943

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11A.7649

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

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

Mailing Address 530 WINNEBAGO AVE

City PORTAGE State WI Zip Code 53901-1232

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

Name of Employer CASCADE MOUNTAIN SKI AREA Occupation SKI AREA OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 18 2016

Transaction ID : SA11A.7657

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
EXCESS CONTRIBUTION TO BE REFUNDED

SUBTOTAL of Receipts This Page (optional).....▶ 1060.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 53
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
ZIEGLER, SHARON, S., ,
Mailing Address 5409 GERMAN VILLAGE DRIVE
City WEST BEND State WI Zip Code 53095-9226
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016
Transaction ID : SA11A.7568
Amount of Each Receipt this Period
250.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ZIMMER, DON, W., ,
Mailing Address 1717 FLEETWOOD DR.
City MANITOWOC State WI Zip Code 54220-1675
FEC ID number of contributing federal political committee. **C**
Name of Employer REPUBLICAN PARTY OF MANITOWOC COUN Occupation CHAIRMAN
Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2016
Transaction ID : SA11A.7658
Amount of Each Receipt this Period
100.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 350.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 31835.00 |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 53 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
MARQUETTE COUNTY REPUBLICAN PARTY

Mailing Address W6717 COUNTY P

| | | |
|------------------|-------------|--------------------|
| City ENDEAVOR | State WI | Zip Code 53930- |
|------------------|-------------|--------------------|

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
951.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11C.7573

Amount of Each Receipt this Period
951.87

Memo Item
CONTRIBUTION
FEDERALLY PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
NATIONAL INDUSTRIAL SAND ASSOCIATION POLITICAL ACT

Mailing Address 1200 18TH ST NW

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20036-2506 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00502799

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11C.7463

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 1951.87 |
| TOTAL This Period (last page this line number only)..... ▶ | 1951.87 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 34 OF 53
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)
A. DALLMAN, ALEX, , ,

Mailing Address **327 W JOHN STREET**

City **MARKESAN** State **WI** Zip Code **53946**

Purpose of Disbursement
STAFF MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 12 / 2016

FEC Identification Number
C

Amount of Each Disbursement this Period
902.30

Transaction ID : **SB17.I1275**

Memo Item

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

Mailing Address **PO BOX 1215**

City **FOND DU LAC** State **WI** Zip Code **54936**

Purpose of Disbursement
STAFF MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 12 / 2016

FEC Identification Number
C

Amount of Each Disbursement this Period
1268.10

Transaction ID : **SB17.I1273**

Memo Item

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

Mailing Address **407B S PATERSON ST**

City **MADISON** State **WI** Zip Code **53703**

Purpose of Disbursement
STAFF MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 12 / 2016

FEC Identification Number
C

Amount of Each Disbursement this Period
774.97

Transaction ID : **SB17.I1278**

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **2945.37**

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 35 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. STITT, MARY, , , | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 |
| Mailing Address 1478 NORIDGE TRAIL | | FEC Identification Number C |
| City PORT WASHINGTON | State WI | Zip Code 53074 |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Amount of Each Disbursement this Period 4194.45 |
| Candidate Name | | Transaction ID : SB17.I1266 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. VERVELDE, BRANDON, , , | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 |
| Mailing Address 70 I STREET SE #1107 | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Amount of Each Disbursement this Period 700.00 |
| Candidate Name | | Transaction ID : SB17.I1280 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. VERVELDE, RACHEL, , , | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2016 |
| Mailing Address 70 I STREET SE #1107 | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Amount of Each Disbursement this Period 1944.73 |
| Candidate Name | | Transaction ID : SB17.I1268 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6839.18 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 36 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016 | |
| Mailing Address 140 FELL COURT, STE 201 | | | FEC Identification Number C | |
| City HAUPPAUGE | State NY | Zip Code 11788 | Amount of Each Disbursement this Period 8968.19 | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type | Transaction ID : SB17.I1265 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. BORLEE, JOAN, C, , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016 | |
| Mailing Address PO BOX 1215 | | | FEC Identification Number C | |
| City FOND DU LAC | State WI | Zip Code 54936 | Amount of Each Disbursement this Period 724.28 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | Transaction ID : SB17.I1305 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. DALLMAN, ALEX, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016 | |
| Mailing Address 327 W JOHN STREET | | | FEC Identification Number C | |
| City MARKESAN | State WI | Zip Code 53946 | Amount of Each Disbursement this Period 2293.08 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | Transaction ID : SB17.I1306 | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 8968.19 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 37 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. NEITZEL, WILLIAM, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016 | |
| Mailing Address PO BOX 1215 | | | FEC Identification Number C | |
| City FOND DU LAC | State WI | Zip Code 54936 | Amount of Each Disbursement this Period 3029.05 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | Transaction ID : SB17.I1307 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. QUELLA, GREGORY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2016 | |
| Mailing Address 407B S PATERSON ST | | | FEC Identification Number C | |
| City MADISON | State WI | Zip Code 53703 | Amount of Each Disbursement this Period 2921.78 | |
| Purpose of Disbursement PAYROLL | | Category/ Type | Transaction ID : SB17.I1308 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ACCOUNTANTS WORLD | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2016 | |
| Mailing Address 140 FELL COURT, STE 201 | | | FEC Identification Number C | |
| City HAUPPAUGE | State NY | Zip Code 11788 | Amount of Each Disbursement this Period 3971.53 | |
| Purpose of Disbursement PAYROLL EXPENSES | | Category/ Type | Transaction ID : SB17.I1267 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3971.53 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 38 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD | | Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016 |
| Mailing Address 140 FELL COURT, STE 201 | | FEC Identification Number C |
| City HAUPPAUGE | State NY | Zip Code 11788 |
| Purpose of Disbursement PAYROLL PROCESSING FEE | | Amount of Each Disbursement this Period 70.00 |
| Candidate Name | | Transaction ID : SB17.I1293 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ACUITY | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2016 |
| Mailing Address P.O. BOX 718 | | FEC Identification Number C |
| City SHEBOYGAN | State WI | Zip Code 53081 |
| Purpose of Disbursement INSURANCE | | Amount of Each Disbursement this Period 404.67 |
| Candidate Name | | Transaction ID : SB17.I1283 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2016 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | FEC Identification Number C |
| City BATON ROUGE | State LA | Zip Code 70808 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 69.01 |
| Candidate Name | | Transaction ID : SB17.I1294 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 543.68 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 53 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2016 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | FEC Identification Number C |
| City BATON ROUGE | State LA | Zip Code 70808 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 4.20 |
| Candidate Name | | Transaction ID : SB17.I1299 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | FEC Identification Number C |
| City BATON ROUGE | State LA | Zip Code 70808 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 1.27 |
| Candidate Name | | Transaction ID : SB17.I1309 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | FEC Identification Number C |
| City BATON ROUGE | State LA | Zip Code 70808 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 186.83 |
| Candidate Name | | Transaction ID : SB17.I1310 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 192.30 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 40 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | FEC Identification Number C |
| City BATON ROUGE | State LA | Zip Code 70808 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 12.30 |
| Candidate Name | | Transaction ID : SB17.I1311 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | FEC Identification Number C |
| City BATON ROUGE | State LA | Zip Code 70808 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Amount of Each Disbursement this Period 23.73 |
| Candidate Name | | Transaction ID : SB17.I1312 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ARENA COMMUNICATIONS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2016 |
| Mailing Address 1780 SEQUOIA VISTA CIRCLE | | FEC Identification Number C |
| City SALT LAKE CITY | State UT | Zip Code 84104 |
| Purpose of Disbursement PRINTING | | Amount of Each Disbursement this Period 14888.00 |
| Candidate Name | | Transaction ID : SB17.I1264 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 14924.03 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 41 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)
A. ARENA COMMUNICATIONS

Mailing Address 1780 SEQUOIA VISTA CIRCLE

City SALT LAKE CITY State UT Zip Code 84104

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.I1271

Memo Item

Full Name (Last, First, Middle Initial)
B. ASPECT CONSULTING LLC

Mailing Address 8401 EXCELSIOR DRIVE #103

City MADISON State WI Zip Code 53717

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1700.00

Transaction ID : SB17.I1270

Memo Item

Full Name (Last, First, Middle Initial)
C. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement MEETING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 531.56

Transaction ID : SB17.I1282

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3731.56

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 42 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016 |
| Mailing Address 300 1ST STREET SE | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement MEETING EXPENSE | | Amount of Each Disbursement this Period 211.43 |
| Candidate Name | | Transaction ID : SB17.I1286 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2016 |
| Mailing Address 300 1ST STREET SE | | FEC Identification Number C |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement MEETING EXPENSE | | Amount of Each Disbursement this Period 107.06 |
| Candidate Name | | Transaction ID : SB17.I1291 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHARTER COMMUNICATIONS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2016 |
| Mailing Address P.O. BOX 2981 | | FEC Identification Number C |
| City MILWAUKEE | State WI | Zip Code 53201 |
| Purpose of Disbursement UTILITIES: INTERNET | | Amount of Each Disbursement this Period 77.44 |
| Candidate Name | | Transaction ID : SB17.I1292 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 395.93 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 43 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNERS State VA Zip Code 22182

Purpose of Disbursement COMPLIANCE SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 798.00

Transaction ID : SB17.I1277

Memo Item

B. ISTREAM

Full Name (Last, First, Middle Initial)
Mailing Address 13555 BISHOPS COURT

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 63.00

Transaction ID : SB17.I1295

Memo Item

C. KWIK KOPY PRINTING

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 718

City MILWAUKE State WI Zip Code 53201

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 1324.65

Transaction ID : SB17.I1272

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2185.65

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 44 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. KWIK KOPY PRINTING | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 | |
| Mailing Address P.O. BOX 718 | | | FEC Identification Number C | |
| City MILWAUKEE | State WI | Zip Code 53201 | Amount of Each Disbursement this Period 378.24 | |
| Purpose of Disbursement PRINTING | | Category/Type | Transaction ID : SB17.I1284 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. LEB PROPERTIES | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 | |
| Mailing Address 300 GERTRUDE AVE | | | FEC Identification Number C | |
| City FOND DU LAC | State WI | Zip Code 54935 | Amount of Each Disbursement this Period 800.00 | |
| Purpose of Disbursement OFFICE RENT | | Category/Type | Transaction ID : SB17.I1276 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. NATIONBUILDER | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016 | |
| Mailing Address 448 S HILL ST | | | FEC Identification Number C | |
| City LOS ANGELES | State CA | Zip Code 90013 | Amount of Each Disbursement this Period 149.00 | |
| Purpose of Disbursement SOFTWARE | | Category/Type | Transaction ID : SB17.I1288 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1327.24 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 45 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ON MESSAGE INC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 |
| Mailing Address 705 MELVIN AVE #105 | | FEC Identification Number C |
| City ANNAPOLIS | State MD | Zip Code 21401 |
| Purpose of Disbursement POLLING | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 20490.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I1263 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. RED PRINT STRATEGY | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 |
| Mailing Address 311 S FILLMORE ST | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22204 |
| Purpose of Disbursement MEDIA | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 24000.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I1262 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ROTARY CLUB OF FOND DU LAC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 |
| Mailing Address PO BOX 1356 | | FEC Identification Number C |
| City FOND DU LAC | State WI | Zip Code 54936 |
| Purpose of Disbursement EVENT EXPENSE | Category/ Type | |
| Candidate Name | Amount of Each Disbursement this Period 227.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I1285 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 44717.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 46 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC. | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 | |
| Mailing Address P.O. BOX 254 | | | FEC Identification Number C | |
| City DUBLIN | State NH | Zip Code 03444 | Amount of Each Disbursement this Period 1836.21 | |
| Purpose of Disbursement DIRECT MAIL | | Category/Type | Transaction ID : SB17.I1269 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. SCRIPPS MEDIA | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016 | |
| Mailing Address 312 WALNUT STREET SUITE 2800 | | | FEC Identification Number C | |
| City CINCINNATI | State OH | Zip Code 45202 | Amount of Each Disbursement this Period 1250.00 | |
| Purpose of Disbursement TICKETS TO EVENT | | Category/Type | Transaction ID : SB17.I1274 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. SMART MEDIA GROUP LLC | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2016 | |
| Mailing Address 1427 LESLIE AVENUE SUITE 100 | | | FEC Identification Number C | |
| City ALEXANDRIA | State VA | Zip Code 22301 | Amount of Each Disbursement this Period 51180.00 | |
| Purpose of Disbursement MEDIA | | Category/Type | Transaction ID : SB17.I1260 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 54266.21 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 47 OF 53 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. SMART MEDIA GROUP LLC | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2016 | |
| Mailing Address 1427 LESLIE AVENUE SUITE 100 | | | FEC Identification Number C | |
| City ALEXANDRIA | State VA | Zip Code 22301 | Amount of Each Disbursement this Period 51180.00 | |
| Purpose of Disbursement MEDIA | | Category/ Type | Transaction ID : SB17.I1261 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. THE MADISON CLUB | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 | |
| Mailing Address 5 E WILSON STREET | | | FEC Identification Number C | |
| City MADISON | State WI | Zip Code 53703 | Amount of Each Disbursement this Period 739.54 | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type | Transaction ID : SB17.I1279 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2016 | |
| Mailing Address PO BOX 5029 | | | FEC Identification Number C | |
| City WALLINGFORD | State CT | Zip Code 06492 | Amount of Each Disbursement this Period 110.63 | |
| Purpose of Disbursement UTILITIES: PHONE | | Category/ Type | Transaction ID : SB17.I1289 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 52030.17 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 53 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

| | | |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS | | Date of Disbursement |
| Mailing Address PO BOX 5029 | | M M / D D / Y Y Y Y 10 / 14 / 2016 |
| City WALLINGFORD | State CT | Zip Code 06492 |
| Purpose of Disbursement UTILITIES: PHONE | FEC Identification Number C | |
| Candidate Name | Amount of Each Disbursement this Period 110.49 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I1290 |
| State: _____ District: _____ | <input type="checkbox"/> Memo Item | |

| | | |
|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. WISCONSIN NEWSPRESS | | Date of Disbursement |
| Mailing Address 113 E MILL STREET | | M M / D D / Y Y Y Y 10 / 13 / 2016 |
| City PLYMOUTH | State WI | Zip Code 53073 |
| Purpose of Disbursement MEDIA | FEC Identification Number C | |
| Candidate Name | Amount of Each Disbursement this Period 561.00 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : SB17.I1281 |
| State: _____ District: _____ | <input type="checkbox"/> Memo Item | |

| | | |
|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement |
| Mailing Address | | M M / D D / Y Y Y Y |
| City | State | Zip Code |
| Purpose of Disbursement | FEC Identification Number C | |
| Candidate Name | Amount of Each Disbursement this Period | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ District: _____ | | |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 671.49 |
| TOTAL This Period (last page this line number only).....▶ | 197709.53 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Glenn Grothman for Congress** Transaction ID : **SC/10.7056**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Grothman, Glenn, S., , | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 1215 | | | |
| City Fond du Lac | State WI | ZIP Code 54936 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|--|---|
| Original Amount of Loan 90000.00 | Cumulative Payment To Date 19690.00 | Balance Outstanding at Close of This Period 70310.00 |
|-------------------------------------|--|---|

| | | | | |
|--------------|---|--|--|---|
| TERMS | Date Incurred M 07 ^M / D 18 ^D / Y 2014 Y | Date Due M 12 ^M / D 31 ^D / Y 2016 Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---|--|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|--------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 70310.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : KML1KJKJ

Glenn Grothman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2014

Grothman, Glenn, S., ,

Primary

General

Other (specify) ▼

Mailing Address
PO Box 1215

City
Fond du Lac

State
WI

ZIP Code
54964

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30000.00

0.00

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M /

D 04 D /

Y 2014 Y

M 12 M /

D 01 D /

Y 2016 Y

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Glenn Grothman for Congress** Transaction ID : **KML22**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GROTHMAN, GLENN, S, , | | <input type="checkbox"/> Memo Item | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 1215 | | | |
| City FOND DU LAC | State WI | ZIP Code 54936 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 11000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 11000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 24 / Y 2014 | Date Due M 12 / D 31 / Y 2016 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 11000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Glenn Grothman for Congress** Transaction ID : **KML1203A**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GROTHMAN, GLENN, S, , | | <input type="checkbox"/> Memo Item | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 1215 | | | |
| City FOND DU LAC | State WI | ZIP Code 54936 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 13800.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 13800.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---|--|--|---|
| TERMS | Date Incurred M 10 ^M / D 30 ^D / Y 2014 Y | Date Due M 12 ^M / D 31 ^D / Y 2016 Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---|--|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 13800.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Glenn Grothman for Congress** Transaction ID : **KML1203B**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GROTHMAN, GLENN, S, , | | <input type="checkbox"/> Memo Item | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 1215 | | | |
| City FOND DU LAC | State WI | ZIP Code 54936 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5050.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5050.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 11 / D 03 / Y 2014 | Date Due M 12 / D 31 / Y 2016 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 5050.00 |
| TOTALS This Period (last page in this line only).....▶ | 130160.00 |

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