

# 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

Volunteers for Nehlen

ADDRESS (number and street)

PO Box 796

Check if different than previously reported. (ACC)

Williams Bay

WI

53191

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00614305

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

WI

01

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2018

through

M M /

D D /

Y Y Y Y 2018

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

Type or Print Name of Treasurer Nehlen, Paul, , III

Signature of Treasurer Nehlen, Paul, , III

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2018

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  
**Volunteers for Nehlen**

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))....	9070.98	1390845.20
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	7725.99
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9070.98	1383119.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	20234.16	1441718.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	190.00	5004.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20044.16	1436714.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12480.92	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	62698.15	

**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

Volunteers for Nehlen

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

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).....	2906.80	510768.74
(ii) Unitemized.....	6164.18	864098.93
(iii) TOTAL of contributions from individuals ▶	9070.98	1374867.67
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15877.53
(d) The Candidate.....	0.00	100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9070.98	1390845.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	190.00	5004.12
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	300.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9260.98	1496149.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20234.16	1441718.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	37333.85
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	37333.85
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	7725.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	7725.99
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	20234.16	1486778.77

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23454.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9260.98
25. SUBTOTAL (add Line 23 and Line 24).....	32715.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20234.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12480.92

# 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 37  
(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)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Bell, Jaye, , ,**

Mailing Address 62650 Fairview Road

City Coquille State OR Zip Code 97423

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2018

Transaction ID : SA11AI.52865

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 62650 Fairview Road

City Coquille State OR Zip Code 97423

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2018

Transaction ID : SA11AI.52866

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 62650 Fairview Road

City Coquille State OR Zip Code 97423

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 27 / 2018

Transaction ID : SA11AI.52867

Amount of Each Receipt this Period  
25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 6 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Berg, Laurence, , ,**

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Occupation  
Gundersen Health System Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 28 2018

Transaction ID : SA11AI.52870

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Occupation  
Gundersen Health System Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 23 2018

Transaction ID : SA11AI.52871

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Occupation  
Gundersen Health System Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 03 2018

Transaction ID : SA11AI.52872

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Berg, Laurence, , ,**

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Gundersen Health System Occupation Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2018

Transaction ID : SA11AI.52873

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Gundersen Health System Occupation Physician

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2018

Transaction ID : SA11AI.52874

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 14480 Americh Rd

City LOS GATOS State CA Zip Code 95032

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

Name of Employer Synopsys Occupation Engineer

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2018

Transaction ID : SA11AI.53085

Amount of Each Receipt this Period  
 10.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**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 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Borcic, Joe, , ,**

Mailing Address 1740 Dell Range Blvd. 430

City Cheyenne State WY Zip Code 82009

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2018

Transaction ID : SA11AI.52881

Amount of Each Receipt this Period  
 75.00

Memo Item

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

Mailing Address 1740 Dell Range Blvd. 430

City Cheyenne State WY Zip Code 82009

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2018

Transaction ID : SA11AI.52879

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 1740 Dell Range Blvd. 430

City Cheyenne State WY Zip Code 82009

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2018

Transaction ID : SA11AI.52880

Amount of Each Receipt this Period  
 50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Burns, Gary, , ,**

Mailing Address 828 N 25th Terrace

City: CORNELIUS State: OR Zip Code: 97113

FEC ID number of contributing federal political committee: C

Name of Employer: retired Occupation: retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 326.67

Date of Receipt: 04 / 13 / 2018

Transaction ID : SA11AI.53088

Amount of Each Receipt this Period: 52.63

Memo Item

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

Mailing Address 828 N 25th Terrace

City: CORNELIUS State: OR Zip Code: 97113

FEC ID number of contributing federal political committee: C

Name of Employer: retired Occupation: retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 346.85

Date of Receipt: 06 / 30 / 2018

Transaction ID : SA11AI.52884

Amount of Each Receipt this Period: 20.18

Memo Item

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

Mailing Address 4321 Tonawanda Dr

City: Houston State: TX Zip Code: 77035

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: self

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 17 / 2018

Transaction ID : SA11AI.52941

Amount of Each Receipt this Period: 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 322.81

**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 10 OF 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Goodman, Roxanne, , ,**

Mailing Address 9694 Atlantic Lane

City FRISCO State TX Zip Code 75035

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2018

Transaction ID : SA11AI.52943

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 4486 Fox Hill Road

City RUSSELL State PA Zip Code 16345

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

Name of Employer Information Requested Occupation Operations Manager

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2018

Transaction ID : SA11AI.53091

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 411 N Pine Hill Road

City GRIFFIN State GA Zip Code 30223

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

Name of Employer Zia, Inc Occupation Accountant

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
575.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2018

Transaction ID : SA11AI.52956

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 11 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Lorenz, Alonah, , ,**

Mailing Address 160 40th Ave SE

City: BENSON State: MN Zip Code: 56215

FEC ID number of contributing federal political committee: C

Name of Employer: retired Occupation: retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 225.00

Date of Receipt: 06 / 27 / 2018

Transaction ID : SA11AI.52976

Amount of Each Receipt this Period: 50.00

Memo Item

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

Mailing Address W380S5410 County Road ZC

City: Dousman State: WI Zip Code: 53118

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 06 / 27 / 2018

Transaction ID : SA11AI.52987

Amount of Each Receipt this Period: 250.00

Memo Item

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

Mailing Address 17404 119th LN. S.E. #H-3

City: Renton State: WA Zip Code: 98058

FEC ID number of contributing federal political committee: C

Name of Employer: Information Requested Occupation: Retail

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 220.00

Date of Receipt: 04 / 26 / 2018

Transaction ID : SA11AI.53005

Amount of Each Receipt this Period: 50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Morrison, Bret, , ,**

Mailing Address 17404 119th LN. S.E. #H-3

City Renton State WA Zip Code 98058

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

Name of Employer Information Requested Occupation Retail

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2018

Transaction ID : SA11AI.53006

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 3725W 4500N

City MORGAN State UT Zip Code 84050

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

Name of Employer Information Requested Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2018

Transaction ID : SA11AI.53011

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3725W 4500N

City MORGAN State UT Zip Code 84050

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

Name of Employer Information Requested Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2018

Transaction ID : SA11AI.53012

Amount of Each Receipt this Period  
25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 37	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Parr, Jonathan, , ,**

Mailing Address PO Box 87814

City Tucson	State AZ	Zip Code 85754
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2018

**Transaction ID : SA11AI.53140**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

Mailing Address PO Box 87814

City Tucson	State AZ	Zip Code 85754
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2018

**Transaction ID : SA11AI.53018**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

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

Mailing Address PO Box 87814

City Tucson	State AZ	Zip Code 85754
----------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2018

**Transaction ID : SA11AI.53019**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 200.00
<b>TOTAL</b> 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 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Potts, Gerald, , ,**

Mailing Address 102 Trombay

City WILMINGTON State NC Zip Code 28412

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2018

Transaction ID : SA11AI.53024

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 102 Trombay

City WILMINGTON State NC Zip Code 28412

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

Transaction ID : SA11AI.53023

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 102 Trombay

City WILMINGTON State NC Zip Code 28412

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 17 / 2018

Transaction ID : SA11AI.53025

Amount of Each Receipt this Period  
20.00

Memo Item

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

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

60.00

**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 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Potts, Gerald, , ,**

Mailing Address 102 Trombay

City: WILMINGTON State: NC Zip Code: 28412

FEC ID number of contributing federal political committee: C

Name of Employer: retired Occupation: retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 290.00

Date of Receipt: 06 / 17 / 2018

Transaction ID : SA11AI.53026

Amount of Each Receipt this Period: 20.00

Memo Item

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

Mailing Address 400 Greeves Street

City: Kane State: PA Zip Code: 16735

FEC ID number of contributing federal political committee: C

Name of Employer: n/a Occupation: n/a

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 12 / 2018

Transaction ID : SA11AI.53261

Amount of Each Receipt this Period: 50.00

Memo Item

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

Mailing Address 10950 Amery ave

City: SOUTH GATE State: CA Zip Code: 90280

FEC ID number of contributing federal political committee: C

Name of Employer: Whittier Wood Occupation: Door Hanger

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 547.99

Date of Receipt: 06 / 25 / 2018

Transaction ID : SA11AI.53040

Amount of Each Receipt this Period: 18.99

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.99

**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 16 OF 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Sapp, Frederick, , ,**  
 Mailing Address 10950 Amery ave  
 City SOUTH GATE State CA Zip Code 90280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Whittier Wood Occupation Door Hanger  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 647.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2018  
**Transaction ID : SA11AI.53041**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Smith, Bradley, , ,**  
 Mailing Address 22230 75TH ST  
 City Salem State WI Zip Code 53168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2018  
**Transaction ID : SA11AI.53147**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Waltz, Andrew, , ,**  
 Mailing Address 1001 West Kings Hwy  
 City COATESVILLE State PA Zip Code 19320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2018  
**Transaction ID : SA11AI.53102**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

650.00



**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 37  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

**A.** Full Name (Last, First, Middle Initial)  
**Zwicker, Donald, , ,**

Mailing Address 2804 W Princeton Avenue

City Eau Claire State WI Zip Code 54703

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

Name of Employer Ace Ethanol LLC Occupation Merchandiser

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2018

Transaction ID : SA11AI.53076

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2804 W Princeton Avenue

City Eau Claire State WI Zip Code 54703

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

Name of Employer Ace Ethanol LLC Occupation Merchandiser

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2018

Transaction ID : SA11AI.53077

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2906.80

**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 18 OF 37			
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. ADT Security</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2018
Mailing Address 1 TOWN CENTER ROAD		FEC Identification Number C C00614305
City BOCA RATON	State FL	Zip Code 33486
Purpose of Disbursement SECURITY SYSTEM		Amount of Each Disbursement this Period 47.46
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53165
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>B. ADT Security</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2018
Mailing Address 1 TOWN CENTER ROAD		FEC Identification Number C C00614305
City BOCA RATON	State FL	Zip Code 33486
Purpose of Disbursement SECURITY SYSTEM		Amount of Each Disbursement this Period 47.46
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53166
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>c. ADT Security</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2018
Mailing Address 1 TOWN CENTER ROAD		FEC Identification Number C C00614305
City BOCA RATON	State FL	Zip Code 33486
Purpose of Disbursement SECURITY SYSTEM		Amount of Each Disbursement this Period 47.46
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53167
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	142.38
<b>TOTAL</b> 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 19 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018
Mailing Address 208 S. Akard St.		FEC Identification Number C C00614305
City Dallas	State TX	Zip Code 75202
Purpose of Disbursement PHONE SERVICE		Amount of Each Disbursement this Period 312.50
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53171
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018
Mailing Address 208 S. Akard St.		FEC Identification Number C C00614305
City Dallas	State TX	Zip Code 75202
Purpose of Disbursement PHONE SERVICE		Amount of Each Disbursement this Period 262.31
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53172
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>C. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018
Mailing Address PO Box 947		FEC Identification Number C C00614305
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement CREDIT CARD FEES		Amount of Each Disbursement this Period 189.02
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53184
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	763.83
<b>TOTAL</b> 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 20 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2018	
Mailing Address 1 Hacker Way			FEC Identification Number C C00614305	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 552.40	
Purpose of Disbursement DIGITAL SOFTWARE		Category/ Type	Transaction ID : SB17.53194	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018	
Mailing Address 1 Hacker Way			FEC Identification Number C C00614305	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 175.00	
Purpose of Disbursement DIGITAL SOFTWARE		Category/ Type	Transaction ID : SB17.53193	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2018	
Mailing Address 1 Hacker Way			FEC Identification Number C C00614305	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 699.96	
Purpose of Disbursement DIGITAL SOFTWARE		Category/ Type	Transaction ID : SB17.53192	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1427.36
<b>TOTAL</b> 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 21 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2018
Mailing Address 1 Hacker Way		FEC Identification Number C C00614305
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL SOFTWARE		Amount of Each Disbursement this Period 248.29
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53195
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2018
Mailing Address 1 Hacker Way		FEC Identification Number C C00614305
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL SOFTWARE		Amount of Each Disbursement this Period 1.71
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53196
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>C. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 1 Hacker Way		FEC Identification Number C C00614305
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL SOFTWARE		Amount of Each Disbursement this Period 48.98
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53189
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	298.98
<b>TOTAL</b> 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 22 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018	
Mailing Address 1 Hacker Way			FEC Identification Number C C00614305	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 1.02	
Purpose of Disbursement DIGITAL SOFTWARE		Category/ Type	Transaction ID : SB17.53190	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2018	
Mailing Address 1 Hacker Way			FEC Identification Number C C00614305	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement DIGITAL SOFTWARE		Category/ Type	Transaction ID : SB17.53191	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2018	
Mailing Address 1 Hacker Way			FEC Identification Number C C00614305	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 277.58	
Purpose of Disbursement DIGITAL SOFTWARE		Category/ Type	Transaction ID : SB17.53188	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1028.60
<b>TOTAL</b> 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 23 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. GoDaddy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2018
Mailing Address 14455 N HAYDEN ROAD STE 226		FEC Identification Number C C00614305
City SCOTTSDALE	State AZ	Zip Code 85260-6947
Purpose of Disbursement WEBSITE MAINT		Amount of Each Disbursement this Period 406.02
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53164
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>B. Heller Investments</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018
Mailing Address 1221 PHOENIX STREET		FEC Identification Number C C00614305
City DELAVAN	State WI	Zip Code 53115
Purpose of Disbursement OFFICE RENT		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53176
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>C. Heller Investments</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2018
Mailing Address 1221 PHOENIX STREET		FEC Identification Number C C00614305
City DELAVAN	State WI	Zip Code 53115
Purpose of Disbursement OFFICE RENT		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53177
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2406.02
<b>TOTAL</b> 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 24 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Heller Investments</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018
Mailing Address 1221 PHOENIX STREET		FEC Identification Number C C00614305
City DELAVAN State WI Zip Code 53115	Purpose of Disbursement OFFICE RENT	Amount of Each Disbursement this Period 500.00
Candidate Name <b>Volunteers for Nehlen</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.53180
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WI District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. L2 Company</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018
Mailing Address 18912 North Creek Pkwy Ste 201		FEC Identification Number C C00614305
City Bothell State WA Zip Code 98011	Purpose of Disbursement DATA	Amount of Each Disbursement this Period 541.66
Candidate Name <b>Volunteers for Nehlen</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.53217
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WI District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. L2 Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2018
Mailing Address 18912 North Creek Pkwy Ste 201		FEC Identification Number C C00614305
City Bothell State WA Zip Code 98011	Purpose of Disbursement DATA	Amount of Each Disbursement this Period 541.66
Candidate Name <b>Volunteers for Nehlen</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.53218
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WI District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1583.32
<b>TOTAL</b> 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 25 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. L2 Company</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2018
Mailing Address 18912 North Creek Pkwy Ste 201		FEC Identification Number C C00614305
City Bothell	State WA	Zip Code 98011
Purpose of Disbursement DATA		Amount of Each Disbursement this Period 541.66
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53219
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Lira, Gabriela, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018
Mailing Address 2520 Countryside Drive		FEC Identification Number C C00614305
City Delavan	State WI	Zip Code 53115
Purpose of Disbursement OFFICE ADMIN		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53199
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Lira, Gabriela, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2018
Mailing Address 2520 Countryside Drive		FEC Identification Number C C00614305
City Delavan	State WI	Zip Code 53115
Purpose of Disbursement OFFICE ADMIN		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53200
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2541.66
<b>TOTAL</b> 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 26 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Lira, Gabriela, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2018	
Mailing Address 2520 Countryside Drive			FEC Identification Number <b>C</b> C00614305	
City Delavan	State WI	Zip Code 53115	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement OFFICE ADMIN		Category/ Type	Transaction ID : <b>SB17.53201</b>	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>B. Lira, Gabriela, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2018	
Mailing Address 2520 Countryside Drive			FEC Identification Number <b>C</b> C00614305	
City Delavan	State WI	Zip Code 53115	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement OFFICE ADMIN		Category/ Type	Transaction ID : <b>SB17.53202</b>	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>C. Lira, Gabriela, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2018	
Mailing Address 2520 Countryside Drive			FEC Identification Number <b>C</b> C00614305	
City Delavan	State WI	Zip Code 53115	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement OFFICE ADMIN		Category/ Type	Transaction ID : <b>SB17.53203</b>	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 27 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Lira, Gabriela, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018
Mailing Address 2520 Countryside Drive		FEC Identification Number C C00614305
City Delavan	State WI	Zip Code 53115
Purpose of Disbursement OFFICE ADMIN		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53204
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>B. Lira, Gabriela, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2018
Mailing Address 2520 Countryside Drive		FEC Identification Number C C00614305
City Delavan	State WI	Zip Code 53115
Purpose of Disbursement OFFICE ADMIN		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53205
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>C. Lira, Gabriela, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018
Mailing Address 2520 Countryside Drive		FEC Identification Number C C00614305
City Delavan	State WI	Zip Code 53115
Purpose of Disbursement OFFICE ADMIN		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53206
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 28 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Lira, Gabriela, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2018
Mailing Address 2520 Countryside Drive		FEC Identification Number C C00614305
City Delavan	State WI	Zip Code 53115
Purpose of Disbursement OFFICE ADMIN		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53207
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>B. MailerLite</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018
Mailing Address PAUPIO G 28 VILNIUS		FEC Identification Number C C00614305
City LITHUANIA	State	Zip Code 11341
Purpose of Disbursement FUNDRAISING SERVICES		Amount of Each Disbursement this Period 80.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53220
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>c. MailerLite</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2018
Mailing Address PAUPIO G 28 VILNIUS		FEC Identification Number C C00614305
City LITHUANIA	State	Zip Code 11341
Purpose of Disbursement FUNDRAISING SERVICES		Amount of Each Disbursement this Period 80.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53222
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1160.00
<b>TOTAL</b> 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 29 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. MailerLite</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2018
Mailing Address PAUPIO G 28 VILNIUS		FEC Identification Number C C00614305
City LITHUANIA	State	Zip Code 11341
Purpose of Disbursement FUNDRAISING SERVICES		Amount of Each Disbursement this Period 80.00
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53221
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>B. Phillips 66</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2018
Mailing Address 156 Elkhorn Rd		FEC Identification Number C C00614305
City Williams Bay	State WI	Zip Code 53191
Purpose of Disbursement FUEL		Amount of Each Disbursement this Period 84.42
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53232
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

Full Name (Last, First, Middle Initial) <b>C. Phillips 66</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2018
Mailing Address 156 Elkhorn Rd		FEC Identification Number C C00614305
City Williams Bay	State WI	Zip Code 53191
Purpose of Disbursement FUEL		Amount of Each Disbursement this Period 85.13
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53231
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	249.55
<b>TOTAL</b> 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 30 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. Phillips 66</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2018	
Mailing Address 156 Elkhorn Rd			FEC Identification Number C C00614305	
City Williams Bay	State WI	Zip Code 53191	Amount of Each Disbursement this Period 71.65	
Purpose of Disbursement FUEL			Transaction ID : SB17.53233	
Candidate Name Volunteers for Nehlen			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI	District: 01			

Full Name (Last, First, Middle Initial) <b>B. Phillips 66</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2018	
Mailing Address 156 Elkhorn Rd			FEC Identification Number C C00614305	
City Williams Bay	State WI	Zip Code 53191	Amount of Each Disbursement this Period 95.00	
Purpose of Disbursement FUEL			Transaction ID : SB17.53234	
Candidate Name Volunteers for Nehlen			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI	District: 01			

Full Name (Last, First, Middle Initial) <b>C. Phillips 66</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018	
Mailing Address 156 Elkhorn Rd			FEC Identification Number C C00614305	
City Williams Bay	State WI	Zip Code 53191	Amount of Each Disbursement this Period 65.93	
Purpose of Disbursement FUEL			Transaction ID : SB17.53235	
Candidate Name Volunteers for Nehlen			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI	District: 01			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	232.58
<b>TOTAL</b> 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 31 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2018
Mailing Address One PNC Plaza 249 Fifth Ave		FEC Identification Number C C00614305
City Pittsburgh	State PA	Zip Code 15222
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 2.40
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53210
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2018
Mailing Address One PNC Plaza 249 Fifth Ave		FEC Identification Number C C00614305
City Pittsburgh	State PA	Zip Code 15222
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 1.47
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53211
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

Full Name (Last, First, Middle Initial) <b>C. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2018
Mailing Address One PNC Plaza 249 Fifth Ave		FEC Identification Number C C00614305
City Pittsburgh	State PA	Zip Code 15222
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 1.47
Candidate Name <b>Volunteers for Nehlen</b>		Transaction ID : SB17.53212
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5.34
<b>TOTAL</b> 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 32 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2018	
Mailing Address One PNC Plaza 249 Fifth Ave			FEC Identification Number C C00614305	
City Pittsburgh	State PA	Zip Code 15222	Amount of Each Disbursement this Period 2.40	
Purpose of Disbursement BANK FEE		Category/ Type	Transaction ID : SB17.53213	
Candidate Name Volunteers for Nehlen		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2018	
Mailing Address One PNC Plaza 249 Fifth Ave			FEC Identification Number C C00614305	
City Pittsburgh	State PA	Zip Code 15222	Amount of Each Disbursement this Period 2.40	
Purpose of Disbursement BANK FEE		Category/ Type	Transaction ID : SB17.53214	
Candidate Name Volunteers for Nehlen		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>c. Town of Delavan</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2018	
Mailing Address 5621 Town Hall Road			FEC Identification Number C C00614305	
City Delavan	State WI	Zip Code 53115	Amount of Each Disbursement this Period 800.00	
Purpose of Disbursement VENUE SPACE RENTAL		Category/ Type	Transaction ID : SB17.53182	
Candidate Name Volunteers for Nehlen		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	804.80
<b>TOTAL</b> 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 33 OF 37			
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2018		
Mailing Address 475 L'Efant Plaza SW			FEC Identification Number C C00614305		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 69.33		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.53249		
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: WI	District: 01				

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2018		
Mailing Address 475 L'Efant Plaza SW			FEC Identification Number C C00614305		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 47.74		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.53250		
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: WI	District: 01				

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2018		
Mailing Address 475 L'Efant Plaza SW			FEC Identification Number C C00614305		
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 10.67		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.53251		
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: WI	District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	127.74
<b>TOTAL</b> 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 34 OF 37	
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2018	
Mailing Address 475 L'Efant Plaza SW			FEC Identification Number C 00614305	
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 20.50	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.53252	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018	
Mailing Address 475 L'Efant Plaza SW			FEC Identification Number C 00614305	
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 8.75	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.53253	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2018	
Mailing Address 475 L'Efant Plaza SW			FEC Identification Number C 00614305	
City Washington	State DC	Zip Code 20260	Amount of Each Disbursement this Period 3.75	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.53254	
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 01				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	33.00
<b>TOTAL</b> 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 37			
	<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)  
**Volunteers for Nehlen**

Full Name (Last, First, Middle Initial) <b>A. WeEnergies</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2018		
Mailing Address 231 W Michigan St			FEC Identification Number C C00614305		
City Milwaukee	State WI	Zip Code 53203	Amount of Each Disbursement this Period 49.06		
Purpose of Disbursement OFFICE UTILITIES		Category/Type	Transaction ID : SB17.53178		
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: WI	District: 01				

Full Name (Last, First, Middle Initial) <b>B. WeEnergies</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2018		
Mailing Address 231 W Michigan St			FEC Identification Number C C00614305		
City Milwaukee	State WI	Zip Code 53203	Amount of Each Disbursement this Period 19.33		
Purpose of Disbursement OFFICE UTILITIES		Category/Type	Transaction ID : SB17.53181		
Candidate Name <b>Volunteers for Nehlen</b>		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: WI	District: 01				

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	68.39
<b>TOTAL</b> This Period (last page this line number only).....▶	18873.55

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Volunteers for Nehlen** Transaction ID : **SC/10.19754**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>NEHLEN, PAUL III, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 796			
City Williams Bay	State WI	ZIP Code 53191	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 37333.85	Balance Outstanding at Close of This Period 62666.15
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<b>TERMS</b>	Date Incurred M 04 / D 16 / Y 2016	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	62666.15
<b>TOTALS</b> 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) **Volunteers for Nehlen** Transaction ID : **SC/10.47963**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>NEHLEN, PAUL III, , ,</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 796			
City Williams Bay	State WI	ZIP Code 53191	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 32.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 32.00
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<b>TERMS</b>	Date Incurred M 05 / D 23 / Y 2017	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	32.00
<b>TOTALS</b> This Period (last page in this line only).....▶	62698.15

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