

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Mar 20 (M3)
- Jun 20 (M6)
- Apr 20 (M4)
- Jul 20 (M7)
- Aug 20 (M8)
- Nov 20 (M11)
- Sep 20 (M9)
- Dec 20 (M12)
- Oct 20 (M10)
- Jan 31 (YE)

- 12-Day Pre-Election Report for the Election on in the State of
- 30-Day Post-Election Report for the General Election on

4. IS THIS REPORT AN AMENDMENT?

yes no

5. COVERING PERIOD

10 / 01 / 2016 THROUGH 10 / 31 / 2016

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

Type or Print Name of Treasurer LIND, KATE, , ,

Signature of Treasurer LIND, KATE, , , [Electronically Filed] Date 11 / 20 / 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. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							
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Write or Type Committee Name

SCOTT WALKER INC

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="30171.29"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="225867.25"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="256038.54"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="104713.14"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="151325.40"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="258926.23"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="709195.60"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="7938147.15"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="8586245.11"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Receipts

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

M M / D D / Y Y Y Y
10 / 01 / 2016

To:

M M / D D / Y Y Y Y
10 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	335.00	5384188.54
(ii) unitemized	770.00	2954036.61
(iii) Total contributions	1105.00	8338225.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	200.00	61000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	1305.00	8399225.15
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	3968.92	68715.14
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	3968.92	68715.14
21. OTHER RECEIPTS (Dividends, Interest, etc.)	220593.33	799423.36
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	225867.25	9267363.65

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)
SCOTT WALKER INC

Report Covering the Period: From:

M M / D D / Y Y Y Y
 10 / 01 / 2016

To:

M M / D D / Y Y Y Y
 10 / 31 / 2016

II. DISBURSEMENTS

**COLUMN A
 Total This Period**

**COLUMN B
 Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	104663.14	8654960.25
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	50.00	456078.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	50.00	461078.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	104713.14	9116038.25

**III. CONTRIBUTED ITEMS
 (Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC Form 3P (Rev. 05/2016)
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER **C** C00580480

SCOTT WALKER INC

ADDRESS (number and street) PO BOX 620590

MIDDLETON CITY WI 53562 STATE ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

COYLE, LINDA, R, ,

Mailing Address 7324 UNIVERSITY AVE

City
MIDDLETON

State
WI

Zip Code
53562

FEC ID number of contributing federal political committee.

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.150507

Date of Receipt

/ /

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

GREGORICH, KAY, , ,

Mailing Address 8146 W. WINSTON WAY

City
FRANKLIN

State
WI

Zip Code
53132

FEC ID number of contributing federal political committee.

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.150525

Date of Receipt

/ /

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

THACKER, KATE, , ,

Mailing Address 4529 THUNDER RIDGE

City
EUREKA

State
MO

Zip Code
63025

FEC ID number of contributing federal political committee.

Name of Employer
SELF-EMPLOYED

Occupation
DESIGNER

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.150515

Date of Receipt

/ /

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 5616 CAMBRIDGE LANE, UNIT 2

City
MOUNT PLEASANT

State
WI

Zip Code
53406

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

593.00

Transaction ID : SA17A.150498

Date of Receipt

MM / DD / YYYY
10 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

100.00

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

100.00

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

335.00

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BKZ CONSULTING INC

Mailing Address PO BOX 577832

City
CHICAGO

State
IL

Zip Code
60657

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3968.92

Transaction ID : SA20A.150532

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2016

VENDOR REFUND - FUNDRAISING CONSULTING

Amount of Each Receipt this Period

3968.92

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

3968.92

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

3968.92

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) GRANITE LISTS			Transaction ID : SA21.150530																					
Mailing Address PO BOX 262			Date of Receipt																					
			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>11</td><td></td><td></td><td>2016</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	10			11			2016			
M	M	/	D	D	/	Y	Y	Y	Y															
10			11			2016																		
City DUBLIN	State NH	Zip Code 03444	LIST RENTAL - FAIR MARKET VALUE																					
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																					
Name of Employer			Occupation																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼																					
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B. Full Name (Last, First, Middle Initial) GRANITE LISTS			Transaction ID : SA21.150533																					
Mailing Address PO BOX 262			Date of Receipt																					
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M	M	/	D	D	/	Y	Y	Y	Y															
10			28			2016																		
City DUBLIN	State NH	Zip Code 03444	LIST RENTAL - FAIR MARKET VALUE																					
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																					
Name of Employer			Occupation																					
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C. Full Name (Last, First, Middle Initial) GRANITE LISTS			Transaction ID : SA21.150534																					
Mailing Address PO BOX 262			Date of Receipt																					
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M	M	/	D	D	/	Y	Y	Y	Y															
10			28			2016																		
City DUBLIN	State NH	Zip Code 03444	LIST RENTAL - FAIR MARKET VALUE																					
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			Memo Item																					

Subtotal Of Receipts This Page (optional)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Total This Period (last page this line number only)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

GRANITE LISTS

Mailing Address PO BOX 262

City
DUBLIN

State
NH

Zip Code
03444

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

678995.49

Transaction ID : SA21.150535

Date of Receipt

/ /

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

55425.00

Memo Item

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

GRANITE LISTS

Mailing Address PO BOX 262

City
DUBLIN

State
NH

Zip Code
03444

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

733995.49

Transaction ID : SA21.150536

Date of Receipt

/ /

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

55000.00

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

/ /

Amount of Each Receipt this Period

Memo Item

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

110425.00

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

220593.33

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHBY LAW PLLC			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016		
Mailing Address 717 PRINCESS STREET			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB23.150548		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Amount of Each Disbursement this Period 1312.50		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. ASHBY LAW PLLC			Date of Disbursement MM / DD / YYYY 10 / 28 / 2016		
Mailing Address 717 PRINCESS STREET			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB23.150553		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Amount of Each Disbursement this Period 175.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. ASPECT CONSULTING LLC			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016		
Mailing Address 8401 EXCELSIOR DRIVE #103			FEC Identification Number C		
City MADISON	State WI	Zip Code 53717	Transaction ID : SB23.150542		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Amount of Each Disbursement this Period 5002.32		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 6489.82

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016		
Mailing Address 8401 EXCELSIOR DRIVE #103			FEC Identification Number C		
City MADISON	State WI	Zip Code 53717	Transaction ID : SB23.150543 Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement COMPLIANCE CONSULTING		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BKZ CONSULTING INC			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2016		
Mailing Address PO BOX 577832			FEC Identification Number C		
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SB23.150563 Amount of Each Disbursement this Period 3958.92		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 101	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BMO HARRIS BANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2016		
Mailing Address 1 W MAIN STREET			FEC Identification Number C		
City MADISON	State WI	Zip Code 53703	Transaction ID : SB23.150564 Amount of Each Disbursement this Period 162.53		
Purpose of Disbursement BANK FEES		Category/ Type 101	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 9121.45

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BURCHFIELD ENTERPRISES LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016	
Mailing Address 633 W WILSON ST #419			FEC Identification Number C	
City MADISON	State WI	Zip Code 53703	Transaction ID : SB23.150549 Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement TECHNICAL SERVICES		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) B. FLS CONNECT LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016	
Mailing Address 7300 HUDSON BLVD #270			FEC Identification Number C	
City SAINT PAUL	State MN	Zip Code 55128	Transaction ID : SB23.150537 Amount of Each Disbursement this Period 30000.00	
Purpose of Disbursement TELEMARKETING AND DATA SERVICES		Category/ Type 101	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) C. GRANITE LISTS			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016	
Mailing Address PO BOX 262			FEC Identification Number C	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB23.150551 Amount of Each Disbursement this Period 568.86	
Purpose of Disbursement LIST RENTAL		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Subtotal Of Receipts This Page (optional)..... 31568.86

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ISTREAM FINANCIAL SERVICES			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2016	
Mailing Address 13555 BISHOPS COURT			FEC Identification Number C	
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB23.150556 Amount of Each Disbursement this Period 34.98	
Purpose of Disbursement BANK FEES		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. JONES DAY			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016	
Mailing Address PO BOX 7805, BEN FRANKLIN STATION			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20044	Transaction ID : SB23.150538 Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 101	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2016	
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB23.150544 Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement COMPLIANCE SOFTWARE & DEVELOPMENT		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 7034.98

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS LLC			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB23.150545 Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement COMPLIANCE SOFTWARE & DEVELOPMENT		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES INC.			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address PO BOX 254			FEC Identification Number C	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB23.150550 Amount of Each Disbursement this Period 792.10	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SHARP POLITICS LLC			Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address PO BOX 25122			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB23.150539 Amount of Each Disbursement this Period 33045.57	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type 101	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 35837.67

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : SB23.150562	
Purpose of Disbursement MERCHANT FEE ADJUSTMENT		Category/ Type 101	Amount of Each Disbursement this Period -436.50	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : SB23.150552	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	Amount of Each Disbursement this Period 211.86	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : SB23.150554	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Amount of Each Disbursement this Period 75.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Subtotal Of Receipts This Page (optional)..... **-149.64**

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THE CHAMPION GROUP			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2016	
Mailing Address PO BOX 1651			FEC Identification Number C	
City MADISON	State WI	Zip Code 53701	Transaction ID : SB23.150546	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Amount of Each Disbursement this Period 2000.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. THE CHAMPION GROUP			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2016	
Mailing Address PO BOX 1651			FEC Identification Number C	
City MADISON	State WI	Zip Code 53701	Transaction ID : SB23.150547	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Amount of Each Disbursement this Period 2000.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. THE LUKENS COMPANY			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2016	
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB23.150541	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type 101	Amount of Each Disbursement this Period 5000.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Subtotal Of Receipts This Page (optional)..... 9000.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THE LUKENS COMPANY			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016	
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB23.150540	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type 101	Amount of Each Disbursement this Period 10000.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

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

Subtotal Of Receipts This Page (optional)..... 10000.00

Total This Period (last page this line number only)..... 108903.14

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CHURCH, JOHN, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2016	
Mailing Address 7002 YATES FORD ROAD			FEC Identification Number C	
City MANASSAS	State VA	Zip Code 20111	Transaction ID : SB28A.150555	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 50.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

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

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

Subtotal Of Receipts This Page (optional)..... 50.00

Total This Period (last page this line number only)..... 50.00

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **317 15TH STREET NE**

City
WASHINGTON

State
DC

Zip Code
20002

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137419**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
TELEMARKETING AND DATA

Mailing Address **7300 HUDSON BLVD #270**

City
SAINT PAUL

State
MN

Zip Code
55128

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137421**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
FIELD CONSULTING

Mailing Address **300 HICKORY LANE**

City
MAULDIN

State
SC

Zip Code
29662

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137424**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 LEGAL CONSULTING

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

City WASHINGTON	State DC	Zip Code 20044
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Outstanding Balance Beginning This Period

Transaction ID : **SD12.137430**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 FIELD CONSULTING

Mailing Address **PO BOX 2561**

City ALEXANDRIA	State VA	Zip Code 22301
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Outstanding Balance Beginning This Period

Transaction ID : **SD12.137431**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address **11309 BAROQUE ROAD**

City SILVER SPRING	State MD	Zip Code 20901
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Outstanding Balance Beginning This Period

Transaction ID : **SD12.4125**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="44746.17"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **403 N SECOND STREET, 2ND FL**

City
HARRISBURG

State
PA

Zip Code
17101

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137442**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
EVENT STAGING EXPENSE

Mailing Address **1851 SOUTH CLUB DRIVE**

City
HYATTSVILLE

State
MD

Zip Code
20785

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4115**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
WEB DEVELOPMENT

Mailing Address **3 CIRCLE DRIVE**

City
CARMEL

State
IN

Zip Code
46032

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137448**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD12

Transaction ID : SD12.4115

Line 12 'Amount Incurred This Period' value for MMA Events LLC reflects an administrative correction of -\$40,000.00 to the outstanding invoice from previously reported balance. Duplicate Invoice/Paid via d/b/a name Design Foundry

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address **PO BOX 17079**

City ARLINGTON	State VA	Zip Code 22216
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Outstanding Balance Beginning This Period

Transaction ID : **SD12.137451**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 VIDEO PRODUCTION SERVICES

Mailing Address **PO BOX 25122**

City ALEXANDRIA	State VA	Zip Code 22314
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Outstanding Balance Beginning This Period

Transaction ID : **SD12.137456**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address **122 S PATRICK STREET**

City ALEXANDRIA	State VA	Zip Code 22314
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Outstanding Balance Beginning This Period

Transaction ID : **SD12.137457**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="10750.78"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **717 KING STREET #205**

City
ALEXANDRIA

State
VA

Zip Code
22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137459

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

Mailing Address **2800 SHIRLINGTON ROAD
 9TH FLOOR**

City
ARLINGTON

State
VA

Zip Code
22206

Outstanding Balance Beginning This Period

Transaction ID : SD12.137460

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **38 LAKEWOOD DRIVE**

City
DENVILLE

State
NJ

Zip Code
07834

Outstanding Balance Beginning This Period

Transaction ID : SD12.137465

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="43929.28"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="258926.23"/>
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="258926.23"/>