

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Duffy for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	237557.00	1375969.87
(b) Total Contribution Refunds (from Line 20(d))	1600.00	11714.62
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	235957.00	1364255.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	139106.01	943996.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9378.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	139106.01	934617.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1134082.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Duffy for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	75020.00	553241.92
(ii) Unitemized.....	22187.00	110679.97
(iii) TOTAL of contributions from individuals ▶	97207.00	663921.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	140350.00	712047.98
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	237557.00	1375969.87
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	1710.91	34732.66
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	9378.78
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	657.27	3394.26
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	239925.18	1423475.57

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	139106.01	943996.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	32000.00	32000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1600.00	6600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5114.62
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1600.00	11714.62
21. OTHER DISBURSEMENTS	12000.00	14282.13
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	184706.01	1001992.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1078863.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	239925.18
25. SUBTOTAL (add Line 23 and Line 24).....	1318788.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	184706.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1134082.64

**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 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 7988 LANDING ROAD

City ELAND State WI Zip Code 54427-9413

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.50973

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HAROLD A. BARFKNECHT

Mailing Address N6734 TRIPLE T ROAD

City MOUNT CALVARY State WI Zip Code 53057-9615

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11.50931

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

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

Mailing Address 15085 BENDING BRAE CT

City BROOKFIELD State WI Zip Code 53005-2681

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51485

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4040.00

**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 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address **PO BOX 202**

City **TOMAHAWK** State **WI** Zip Code **54487-0202**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.50835

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **958 HICKORY AVENUE**

City **DE PERE** State **WI** Zip Code **54115-**

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

Name of Employer **BELMARK** Occupation **CHAIRMAN / FOUNDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : SA11.50808

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **1804 30TH STRET**

City **TWO RIVERS** State **WI** Zip Code **54241-2020**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : SA11.50896

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

700.00

**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 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 6968 AVALON LANE

City State Zip Code
MADISON WI 53719-

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

Name of Employer Occupation
WISCONSIN HOSPITAL ASSOCIATION VP EXTERNAL RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51061

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 6968 AVALON LANE

City State Zip Code
MADISON WI 53719-

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

Name of Employer Occupation
WISCONSIN HOSPITAL ASSOCIATION VP EXTERNAL RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51101

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANN H. BOWMAN

Mailing Address 89425 BARK POINT RD

City State Zip Code
HERBSTER WI 54844-4450

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
293.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : SA11.50771

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 171
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
ANN H. BOWMAN

Mailing Address 89425 BARK POINT RD

City: HERBSTER State: WI Zip Code: 54844-4450

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 293.00

Date of Receipt: 01 / 31 / 2016

Transaction ID : SA11.50779

Amount of Each Receipt this Period: 100.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANN H. BOWMAN

Mailing Address 89425 BARK POINT RD

City: HERBSTER State: WI Zip Code: 54844-4450

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 293.00

Date of Receipt: 03 / 31 / 2016

Transaction ID : SA11.51335

Amount of Each Receipt this Period: 50.00

Memo Item CONTRIBUTION

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

Mailing Address 9001 HAWKS RESERVE LANE #203

City: VERONA State: WI Zip Code: 53593-8039

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

Name of Employer: WISCONSIN HOSPITALS ASSOCIATION Occupation: PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 03 / 09 / 2016

Transaction ID : SA11.51100

Amount of Each Receipt this Period: 250.00

Memo Item CONTRIBUTION

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 171
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address **250B 240TH STREET**

City **OSCEOLA** State **WI** Zip Code **54020-5903**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51095

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. SALLY A. BROWNE

Mailing Address **P.O. BOX 1282**

City **WAUSAU** State **WI** Zip Code **54402-1282**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51441

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **108 NORTH BARSTOW STREET**

City **WAUKESHA** State **WI** Zip Code **53186-4928**

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

Name of Employer **CENTURY FENCE CO.** Occupation **BUS. EXEC.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11.51081

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1750.00

**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 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address **7710 N MERRIE LANE**

City **FOX POINT** State **WI** Zip Code **53217-2962**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51331

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address **7710 N MERRIE LANE**

City **FOX POINT** State **WI** Zip Code **53217-2962**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51332

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION

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

Mailing Address **3808 NODDING PINE COURT**

City **FAIRFAX** State **VA** Zip Code **22033-**

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

Name of Employer **PORTERFIELD, FETTIG & SEARS** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51373

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

5500.00

**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 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 896 HELGA PLACE

City State Zip Code
MCLEAN VA 22102-2164

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

Name of Employer Occupation
CARD AND ASSOCIATES LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51264

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 5051 PELICAN COLONY BLVD
UNIT 1403

City State Zip Code
BONITA SPRINGS FL 34134-6913

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

Name of Employer Occupation
MAXIMUS SENIOR VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016

Transaction ID : SA11.50807

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
J P. CAVE

Mailing Address 5009 UPTON STREET NW

City State Zip Code
WASHINGTON DC 20016-1951

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

Name of Employer Occupation
THE CYPRESS GROUP FOUNDER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51094

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 171
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD H. CAVENDER

Mailing Address 15447 IH 10 WEST

City SAN ANTONIO State TX Zip Code 78249-2242

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

Name of Employer CAVENDER AUDI Occupation AUTO DEALER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11.51133

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALTER CLAIBORNE III

Mailing Address 14217 CLAIBORNE RD

City BATCHELOR State LA Zip Code 70715-3514

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

Name of Employer SELF Occupation REAL-ESTATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51501

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SALLY S. COLE

Mailing Address 520 IDIAN MOUND ST.

City WAYZATA State MN Zip Code 55391-1744

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51181

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 13 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD M. CONNOR JR

Mailing Address P.O. BOX 95

City LAONA State WI Zip Code 54541-0095

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

Name of Employer PINE RIVER LUMBER CO. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11.50870

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J.P. P. CULLEN

Mailing Address P.O. BOX 1957

City JANESVILLE State WI Zip Code 53547-1957

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

Name of Employer JP CULLEN AND SONS Occupation CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51386

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DWIGHT E. DAVIS

Mailing Address P.O. BOX 647

City SISTER BAY State WI Zip Code 54234-0647

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

Name of Employer GREENHECK CORP. Occupation CHAIR OF BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51471

Amount of Each Receipt this Period
 1500.00

Memo Item
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 171
	<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)
Duffy for Congress

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

Mailing Address 1333 NEW HAMPSHIRE AVENUE NW, STE

City WASHINGTON State DC Zip Code 20036-

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

Name of Employer AKIN, GUMP, ET AL. Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51066

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 12900 W. NORTH AVENUE

City BROOKFIELD State WI Zip Code 53005-5217

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : SA11.50778

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 12900 W. NORTH AVENUE

City BROOKFIELD State WI Zip Code 53005-5217

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51323

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

**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 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 12315 BLAIR RIDGE ROAD

City State Zip Code
FAIRFAX VA 22033-1821

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

Name of Employer Occupation
AKIN, GUMP, STRAUSS, HAUER & FIELD ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51522

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY THERESA DOYLE

Mailing Address 10105 WATERSIDE DRIVE

City State Zip Code
BURKE VA 22015-3931

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

Name of Employer Occupation
BLUECROSS.BLUESHIELD GOV'T RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51186

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOYD G. DRENNAN

Mailing Address 1180 BRIDLE DRIVE

City State Zip Code
RICHLAND WA 99352-9688

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51196

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

2100.00

**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 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
HELEN K. GROVES

Mailing Address 700 N ST. MARY'S
SUITE 1200

City State Zip Code
SAN ANTONIO TX 78205-

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

Name of Employer Occupation
SELF RANCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11.51404

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VERN H. GUMZ

Mailing Address 220 10TH STREET SOUTH

City State Zip Code
WISCONSIN RAPIDS WI 54494-4627

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 09 2016

Transaction ID : SA11.51104

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 210 PASEO ENCINAL

City State Zip Code
SAN ANTONIO TX 78212-1706

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

Name of Employer Occupation
GUNN GP LLC CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11.51315

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1350.00

**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 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 10700 W RESEARCH DRIVE, STE 140

City State Zip Code
MILWAUKEE WI 53226-

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

Name of Employer Occupation
HAACK VENTURES CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : SA11.50812

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALICE A. HANSON

Mailing Address 948 HANSON DRIVE

City State Zip Code
RIVER FALLS WI 54022-1564

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : SA11.50738

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALICE A. HANSON

Mailing Address 948 HANSON DRIVE

City State Zip Code
RIVER FALLS WI 54022-1564

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51209

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 18 OF 171
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
MARK J. HAUSER

Mailing Address **850 WILLOW CIRCLE**

City **HARTFORD** State **WI** Zip Code **53027-2338**

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

Name of Employer **THE BOOSTER INC.** Occupation **ADVERTISING/DESIGN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51191

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **4219 FOREST POINT DRIVE
1369**

City **RHINELANDER** State **WI** Zip Code **54501-**

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

Name of Employer **HECK CAPITAL ADVISORS** Occupation **SR. PORTFOLIO MGT DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51407

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **P.O. BOX 205**

City **SAINT GERMAIN** State **WI** Zip Code **54558-0205**

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

Name of Employer **R.H.H. FOAM SYSTEMS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51115

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 19 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
HENRY G. HERZING

Mailing Address 1660 NORTH PROSPECT AVENUE UNIT 10

City State Zip Code
MILWAUKEE WI 53202-6706

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

Name of Employer Occupation
HERZING UNIVERSITY CHANCELLOR EMERITUS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51482

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER M. HILGER

Mailing Address 260 S MISSISSIPPI RIVER BLVD

City State Zip Code
ST. PAUL MN 55105-1209

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

Name of Employer Occupation
SECURIAN FINANCIAL CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.50954

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 201 ROSEMONT DRIVE

City State Zip Code
GREEN BAY WI 54301-

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

Name of Employer Occupation
ASSOCIATED BANK REGIONAL CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51375

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 171
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 125 QUASSAICK AVE

City State Zip Code
NEW WINDSOR NY 12553-6635

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51504

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK P. JACOBSEN

Mailing Address 6800 HILLMEAD ROAD

City State Zip Code
BETHESDA MD 20817-

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

Name of Employer Occupation
PRESIDENT AND CEO PROMONTORY INTERFINANCIAL NETWORK

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51374

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER E. JENSEN

Mailing Address

City State Zip Code

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

Name of Employer Occupation
SELF FORMER PILOT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51134

Amount of Each Receipt this Period
240.00

Memo Item
CONTRIBUTION

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

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

3040.00

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

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

FOR LINE NUMBER: PAGE 21 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
MARTHA W. KEATON

Mailing Address 1332 WINNEBAGO STREET

City LA CROSSE State WI Zip Code 54601-4816

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.50982

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 1125 EASTHILL PLACE

City WAUSAU State WI Zip Code 54403-9219

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

Name of Employer Occupation
RIISER OIL COMPANY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11.50927

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

Mailing Address 1310 N 77TH AVE

City WAUSAU State WI Zip Code 54401-9005

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

Name of Employer Occupation
PROLAB ANESTHESIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.50790

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

2350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 171
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 1611 SYLVAN LANE

City State Zip Code
PHELPS WI 54554-5501

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51160

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER W. LAROWE

Mailing Address 1891 SAINT ALBERT THE GREAT DRIVE

City State Zip Code
SUN PRAIRIE WI 53590-3543

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

Name of Employer Occupation
WEC ENERGY GROUP DIRECTOR OF GOV'T RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11.50748

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER W. LAROWE

Mailing Address 1891 SAINT ALBERT THE GREAT DRIVE

City State Zip Code
SUN PRAIRIE WI 53590-3543

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

Name of Employer Occupation
WEC ENERGY GROUP DIRECTOR OF GOV'T RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51235

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 23 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address **724 E GRINNELL DR**

City **BURBANK** State **CA** Zip Code **91501-1720**

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

Name of Employer **RETIRED** Occupation **NONE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **419.00**

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

Transaction ID : SA11.50918

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HERBERT A. LEVIN

Mailing Address **724 E GRINNELL DR**

City **BURBANK** State **CA** Zip Code **91501-1720**

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

Name of Employer **RETIRED** Occupation **NONE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **419.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51503

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address **24421 LARSON ROAD**

City **GRANTSBURG** State **WI** Zip Code **54840-8540**

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

Name of Employer **BURNETT MEDICAL CENTER** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11.50755

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 171
	<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)
Duffy for Congress

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

Mailing Address 1515 O STREET NW
APT 206

City WASHINGTON State DC Zip Code 20005-5514

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

Name of Employer ALLY Occupation CHEIF PUBLIC POLICY OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11.50756

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUDITH A. LITTLE

Mailing Address 9356 E ASH AVE

City SOLON SPRINGS State WI Zip Code 54873-8403

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.50994

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

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

Mailing Address 7111 DEUCE ROAD

City TOMAH State WI Zip Code 54660-4322

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51306

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

1090.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 171
	<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)
Duffy for Congress

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

Mailing Address 4411 OLD SCHOOL COURT

City EAU CLAIRE State WI Zip Code 54701-7604

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51491

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 3604TROUT LAKE ROAD

City WOODRUFF State WI Zip Code 54568-

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

Name of Employer MASTERSON COMPANY Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.50974

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 3604 TROUT LAKE ROAD

City WOODRUFF State WI Zip Code 54568-

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

Name of Employer MASTERSON COMPANY Occupation VICE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.50975

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 171
	<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)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
KEVIN M. MCCOOL

Mailing Address P.O. BOX 97
90065 BIRCH HILL ROAD

City State Zip Code
CORNUCOPIA WI 54827-0097

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

Name of Employer Occupation
MBI SOLUTIONS, LLC TECHNICAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 31 2016

Transaction ID : SA11.50799

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 97
90065 BIRCH HILL ROAD

City State Zip Code
CORNUCOPIA WI 54827-0097

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

Name of Employer Occupation
MBI SOLUTIONS, LLC TECHNICAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : SA11.51313

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 1814 AUGUSTA ST

City State Zip Code
RICE LAKE WI 54868-1823

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

Name of Employer Occupation
MEYERS SALES CO INC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : SA11.51278

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 27 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address **W6691 KIESLING ROAD**

City **JEFFERSON** State **WI** Zip Code **53549-9609**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51176

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **521 DOLORES ST**

City **SAN FRANCISCO** State **CA** Zip Code **94110-1564**

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

Name of Employer **AXIOM STRATEGIES** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51336

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **1129 BRIARWOOD ST**

City **MARSHFIELD** State **WI** Zip Code **54449-1717**

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

Name of Employer **MODERN OF MARSHFIELD** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51297

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 171
	<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)
Duffy for Congress

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

Mailing Address 6075 PELICAN BAY BOULEVARD, UNIT 1

City NAPLES State FL Zip Code 34108-7114

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2016

Transaction ID : SA11.50614

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address S63W34297 PIPER RD

City NORTH PRAIRIE State WI Zip Code 53153-9403

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

Name of Employer DIEMS WAUKESHA FOODS Occupation SALESMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2016

Transaction ID : SA11.50606

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address S63W34297 PIPER RD

City NORTH PRAIRIE State WI Zip Code 53153-9403

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

Name of Employer DIEMS WAUKESHA FOODS Occupation SALESMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51096

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 171
	<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)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
CLAIR J. MURPHY

Mailing Address 1626 RUTH ST N

City SAINT PAUL State MN Zip Code 55119-3064

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **415.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SA11.50660

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CLAIR J. MURPHY

Mailing Address 1626 RUTH ST N

City SAINT PAUL State MN Zip Code 55119-3064

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **415.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : SA11.50887

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CLAIR J. MURPHY

Mailing Address 1626 RUTH ST N

City SAINT PAUL State MN Zip Code 55119-3064

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **415.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51194

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

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

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

105.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 171
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
DANIEL R. MURPHY

Mailing Address 9911 SHADY COVE DRIVE

City State Zip Code
FAIRFAX STATION VA 22039-2962

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

Name of Employer Occupation
BGR GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51287

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS P. O'CONNELL

Mailing Address 1301 GRANVIEW DRIVE

City State Zip Code
HUDSON WI 54016-1449

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

Name of Employer Occupation
O'CONNELL FUNERAL HOMES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
725.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.51032

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER R. OWEN

Mailing Address 4294 E ULLAN ROAD

City State Zip Code
SUPERIOR WI 54880-8078

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : SA11.51073

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 31 OF 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 9609 MANITOU PK DR.

City State Zip Code
MINOCQUA WI 54548-9362

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 31 2016

Transaction ID : SA11.50770

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANTHONY E. POGODZINSKI

Mailing Address 9609 MANITOU PK DR.

City State Zip Code
MINOCQUA WI 54548-9362

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11.51289

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANTHONY E. POGODZINSKI

Mailing Address 9609 MANITOU PK DR.

City State Zip Code
MINOCQUA WI 54548-9362

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11.51328

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 171
	<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)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
H CARL RECKNAGEL

Mailing Address 375 STATE RD 67
APT 258B

City DOUSMAN State WI Zip Code 53118-9646

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51187

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
H CARL RECKNAGEL

Mailing Address 375 STATE RD 67
APT 258B

City DOUSMAN State WI Zip Code 53118-9646

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51254

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 710 ELK LANE

City WAUKESHA State WI Zip Code 53188-4672

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.50837

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

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

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

5475.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 171
	<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)
Duffy for Congress

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

Mailing Address 710 ELK LANE

City State Zip Code
WAUKESHA WI 53188-4672

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51232

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 2856 SOUTH 104TH STREET

City State Zip Code
WEST ALLIS WI 53227-3220

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

Name of Employer Occupation
RETIRED MASTER TEC/SEC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11.51071

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL F. RINZEL

Mailing Address 9301 MAYBROOK PLACE

City State Zip Code
ALEXANDRIA VA 22309-3029

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

Name of Employer Occupation
REDMON, PEYTON AND BROSSELL ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : SA11.50623

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 171
	<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	

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)
Duffy for Congress

Full Name (Last, First, Middle Initial) DANIEL F. RINZEL		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2016
Mailing Address 9301 MAYBROOK PLACE		Transaction ID : SA11.51114
City ALEXANDRIA	State VA	Zip Code 22309-3029
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer REDMON, PEYTON AND BROSSELL	Occupation ATTORNEY	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) PHILIP E. RITCH		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2016
Mailing Address 146 KALUAMOO ST		Transaction ID : SA11.50777
City KAILUA	State HI	Zip Code 96734-2144
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 319.00	

Full Name (Last, First, Middle Initial) PHILIP E. RITCH		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016
Mailing Address 146 KALUAMOO ST		Transaction ID : SA11.51270
City KAILUA	State HI	Zip Code 96734-2144
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00	
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 319.00	

SUBTOTAL of Receipts This Page (optional).....	170.00
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 35 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
PHILIP E. RITCH

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734-2144

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **319.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51293

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DARRELL H. SCHERWINSKI

Mailing Address 3420 ROYAL OAK DRIVE

City PLOVER State WI Zip Code 54467-3783

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51430

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 13635 PARK CIRCLE SOUTH

City ELM GROVE State WI Zip Code 53122-2560

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

Name of Employer SCHONECK CONTAINERS INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51344

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

475.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 171
	<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)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
GEORGE L. SCHUEPPERT

Mailing Address P.O. BOX 467

City State Zip Code
SISTER BAY WI 54234-0467

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : SA11.51291

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE L. SCHUEPPERT

Mailing Address P.O. BOX 467

City State Zip Code
SISTER BAY WI 54234-0467

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : SA11.51347

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
F. JAMES SENSENBRENNER

Mailing Address P.O. BOX 186

City State Zip Code
MENOMONEE FALLS WI 53052-0186

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

Name of Employer Occupation
COMMUNITY ORGANIZER U.S. HOUSE OF REPRESENTATIVES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 07 2016

Transaction ID : SA11.50607

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 37 OF 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address P.O. BOX 186

City State Zip Code
MENOMONEE FALLS WI 53052-0186

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

Name of Employer Occupation
COMMUNITY ORGANIZER U.S. HOUSE OF REPRESENTATIVES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

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

Transaction ID : SA11.50838

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES J. SENSENBRENNER JR.

Mailing Address N78W14726 NORTHPOINT DRIVE

City State Zip Code
MENOMONEE FALLS WI 53052-

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

Name of Employer Occupation
US CONGRESS COMMUNITY ORGANIZER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11.51455

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 278

City State Zip Code
INDEPENDENCE WI 54747-0278

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 09 2016

Transaction ID : SA11.51097

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 38 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 516 S 52ND AVE

City WAUSAU State WI Zip Code 54401-4816

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

Name of Employer NONE Occupation NONE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : SA11.50789

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN D. SODERBERG

Mailing Address PO BOX 89

City NEW RICHMOND State WI Zip Code 54017-0089

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

Name of Employer 1ST NATIONAL BANK Occupation BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51170

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 2057 ROSE CREEK BOULEVARD S

City FARGO State ND Zip Code 58104-

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

Name of Employer BELL STATE BANK & TRUST Occupation BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51139

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 171
	<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)
Duffy for Congress

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

Mailing Address 2057 ROSE CREEK BOULEVARD S

City FARGO State ND Zip Code 58104-

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

Name of Employer BELL STATE BANK & TRUST Occupation BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51253

Amount of Each Receipt this Period
2300.00

Memo Item
CONTRIBUTION

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

Mailing Address 4330 CARRIE ROSE LANE S

City FARGO State ND Zip Code 58104-6818

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation BANKING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51140

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAROLYN M. STEINER

Mailing Address 901 EAST CLOVER

City WITHEE State WI Zip Code 54498-9716

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11.50890

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

4900.00

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

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

FOR LINE NUMBER: PAGE 40 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
CAROLYN M. STEINER

Mailing Address 901 EAST CLOVER

City State Zip Code
WITHEE WI 54498-9716

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51433

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 5188 RIDGE CIRCLE

City State Zip Code
EDINA MN 55436-1176

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

Name of Employer Occupation
THRIVENT FINANCIAL CIO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.50955

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 4409 BLUEBELL TRL S

City State Zip Code
MEDINA MN 55340-4570

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

Name of Employer Occupation
KLC FINANCIAL MANAGEMENT/BUSINESS DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51294

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 41 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
DOWE S. TILLEMA

Mailing Address 606 17TH STREET

City MOSINEE State WI Zip Code 54455-1031

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

Name of Employer EASTBAY, INC. Occupation PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51469

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY A. TOLL

Mailing Address 7403 W MORNINGSIDE COURT

City FRANKLIN State WI Zip Code 53132-2708

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

Name of Employer NONE Occupation NONE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2700.00

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

Transaction ID : SA11.50836

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item
CONTRIBUTION

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

Mailing Address 25723 MEADOWHOUSE COURT

City SOUTH RIDING State VA Zip Code 20152-2588

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

Name of Employer BGR GROUP Occupation PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51314

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
CONTRIBUTION

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

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

_____ 3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 171
	<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)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
DANIEL J. WAGNER

Mailing Address 1926 HAMPTON DRIVE

City WHEATON State IL Zip Code 60189-2020

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

Name of Employer INLAND Occupation SVP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016

Transaction ID : SA11.50653

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARGARET A. WEBB

Mailing Address 999 KEYSTONE COURT

City HUDSON State WI Zip Code 54016-2386

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11.51128

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 4305 N LAKESHORE DRIVE

City WAUSAU State WI Zip Code 54401-0405

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

Name of Employer SURGICAL ASSOCIATES Occupation SURGEON

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51244

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 43 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. WENGERT

Mailing Address 903 MARTIN DRIVE

City MARSHFIELD State WI Zip Code 54449-3560

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

Name of Employer MARSHFIELD CLINIC Occupation DOCTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51165

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 108 N GREN BAY ROAD

City APPLETON State WI Zip Code 54911-5625

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

Name of Employer AKIN, GUMP, STRAUSS, HAUER & FIELD Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51059

Amount of Each Receipt this Period
1200.00

Memo Item
CONTRIBUTION

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

Mailing Address 108 N GREN BAY ROAD

City APPLETON State WI Zip Code 54911-5625

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

Name of Employer AKIN, GUMP, STRAUSS, HAUER & FIELD Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51060

Amount of Each Receipt this Period
1300.00

Memo Item
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 171
	<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)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
BARBARA J. WILLIAMS

Mailing Address 1206 S RIVER ROAD

City JANESVILLE State WI Zip Code 53546-5452

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.51006

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 1206 S RIVER ROAD

City JANESVILLE State WI Zip Code 53546-5452

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51492

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address N9799 GORMAN AVENUE

City WILLARD State WI Zip Code 54493-9461

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11.50908

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 45 OF 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
W PATRICK WILSON

Mailing Address **1701 16TH STREET, NW #125**
#125

City **WASHINGTON** State **DC** Zip Code **20009-3110**

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

Name of Employer **CUMMINS, INC.** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51334

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **W7641 WALLEYE WAY**

City **MINONG** State **WI** Zip Code **54859-9036**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51421

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **813 VICAR LANE**

City **ALEXANDRIA** State **VA** Zip Code **22302-3420**

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

Name of Employer **BGR GROUP** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51299

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 46 OF 171
(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)
Duffy for Congress

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

Mailing Address 2109 VANDERBILT LANE #B
B

City State Zip Code
REDONDO BEACH CA 90278-3020

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

Name of Employer Occupation
FOX SPORTS VP/PRODUCTION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51321

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1708 HIGHWOOD LANE

City State Zip Code
WAUSAU WI 54403-

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

Name of Employer Occupation
START WITH ZAHRT REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : SA11.50619

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

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

Mailing Address 4687 W LOWES CREEK RD

City State Zip Code
EAU CLAIRE WI 54701-9443

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51295

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 47 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
SPHERE CONSULTING LLC

Mailing Address 1775 EYE STREET NW
STE 410

City WASHINGTON State DC Zip Code 20006-

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51372

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE PARTNERSHIP ATTRIBUTION BELOW

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

Mailing Address 1775 EYE STREET NW
STE 410

City WASHINGTON State DC Zip Code 20006-

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

Name of Employer Occupation
SPHERE CONSULTING, LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51372_B

Amount of Each Receipt this Period
1000.00

Memo Item
PARTNERSHIP ATTRIBUTION
PARTNERSHIP ATTRIBUTION: SPHERE CONSULTING, LLC

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

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

75020.00

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

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

FOR LINE NUMBER: PAGE 48 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
EMMER FOR CONGRESS

Mailing Address **PO BOX 998**

City **ANOKA** State **MN** Zip Code **55303-0998**

FEC ID number of contributing federal political committee. **C C00545749**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51093

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC

Mailing Address **4301 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22203-1867**

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51083

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION CO

Mailing Address **1333 NEW HAMPSHIRE AVE NW**

City **D.C.** State **DC** Zip Code **20036-1500**

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51090

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR PAC

Mailing Address 101 NORTH 3RD ST

City State Zip Code
MOORHEAD MN 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : SA11.50802

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 18TH STREET NW
SUITE 300

City State Zip Code
WASHINGTON DC 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51361

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City State Zip Code
WASHINGTON DC 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11.51051

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN SUGARBEET GROWERS ASSOCIATION PAC

Mailing Address 1156 15TH STREET NW
SUITE 1101

City WASHINGTON State DC Zip Code 20005-1756

FEC ID number of contributing federal political committee. **C C00167684**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.51038

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUS

Mailing Address 5225 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20015-2014

FEC ID number of contributing federal political committee. **C C00325332**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51368

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
APPRAISAL INSTITUTE PAC (AI PAC)

Mailing Address 440 1ST ST NW

City WASHINGTON State DC Zip Code 20001-2028

FEC ID number of contributing federal political committee. **C C00144261**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51091

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 51 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVE SE

City State Zip Code
D.C. DC 20003-3030

FEC ID number of contributing federal political committee. **C C00364778**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.51044

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BGR GOVERNMENT AFFAIRS LLC

Mailing Address 601 THIRTEENTH STREET NW
11TH FLOOR SOUTH

City State Zip Code
WASHINGTON DC 20005-3807

FEC ID number of contributing federal political committee. **C C00359588**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11.51050

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAPITAL ONE FINANCIAL PAC

Mailing Address 1680 CAPITAL ONE DRIVE

City State Zip Code
MCLEAN VA 22102-3407

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.51039

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. DEALERS ELECTION ACTION COMMITTEE PAC

Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE PAC

Mailing Address 8400 WESTPARK DRIVE

City State Zip Code
MCLEAN VA 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51352

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. DELOITTE FEDERAL PAC

Full Name (Last, First, Middle Initial)
DELOITTE FEDERAL PAC

Mailing Address PO BOX 365

City State Zip Code
WASHINGTON DC 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.51042

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. DELOITTE FEDERAL PAC

Full Name (Last, First, Middle Initial)
DELOITTE FEDERAL PAC

Mailing Address PO BOX 365

City State Zip Code
WASHINGTON DC 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51088

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
DELOITTE FEDERAL PAC

Mailing Address **PO BOX 365**

City **WASHINGTON** State **DC** Zip Code **20044-0365**

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51089

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DELTA AIR LINES POLITICAL ACTION COMMITTEE

Mailing Address **1212 NEW YORK AVENUE NW
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20005-6609**

FEC ID number of contributing federal political committee. **C C00104802**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51252

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DISCOVER FINANCIAL SERVICES POLITICAL ACTION COMMITTEE

Mailing Address **500 8TH ST NW
STE 210**

City **WASHINGTON** State **DC** Zip Code **20004-2131**

FEC ID number of contributing federal political committee. **C C00438051**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : SA11.50730

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 55 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVE NW

City State Zip Code
D.C. DC 20005-4269

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51251

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EXPERIAN NORTH AMERICA, INC PAC

Mailing Address 475 ANTON BOULEVARD

City State Zip Code
COSTA MESA CA 92626-7037

FEC ID number of contributing federal political committee. **C C00379768**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51054

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FARMERS GROUP, INC. POLITICAL ACTION COMMITTEE

Mailing Address 2350 KERNER BLVD., SUITE 250

City State Zip Code
SAN RAFAEL CA 94901-5596

FEC ID number of contributing federal political committee. **C C00135681**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51249

Amount of Each Receipt this Period
4000.00

Memo Item
CONTRIBUTION

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

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

9000.00

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

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

FOR LINE NUMBER: PAGE 56 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 1301 PENNSYLVANIA AVE NW, STE 401

City WASHINGTON State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00012328**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11.51117

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GRANT THORNTON PAC

Mailing Address 175 W JACKSON BOULEVARD SUITE 2000

City CHICAGO State IL Zip Code 60604-2606

FEC ID number of contributing federal political committee. **C C00408260**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.51034

Amount of Each Receipt this Period
 1850.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HEALTH CARE SERVICE CORPORATION EMPLOYEES' POLITIC

Mailing Address 300 E RANDOLPH ST

City CHICAGO State IL Zip Code 60601-5014

FEC ID number of contributing federal political committee. **C C00199711**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51092

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

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

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

5350.00

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

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

FOR LINE NUMBER: PAGE 57 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
INTERCONTINENTAL EXCHANGE INC PAC

Mailing Address 5660 NEW NORTHSIDE DR NW

City ATLANTA State GA Zip Code 30328-5800

FEC ID number of contributing federal political committee. **C** C00443168

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11.51079

Amount of Each Receipt this Period
 4000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTERCONTINENTAL EXCHANGE INC PAC

Mailing Address 5660 NEW NORTHSIDE DR NW

City ATLANTA State GA Zip Code 30328-5800

FEC ID number of contributing federal political committee. **C** C00443168

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11.51080

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS PAC

Mailing Address 555 12TH STREET NW
SUITE 660

City WASHINGTON State DC Zip Code 20004-1241

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11.51118

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER PAC

Mailing Address 1101 PENNSYLVANIA AVE NW
SUITE 200

City WASHINGTON State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51356

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INVESTMENT ADVISER ASSOCIATION PAC

Mailing Address 1050 17TH ST NW SUITE 725

City WASHINGTON State DC Zip Code 20036-

FEC ID number of contributing federal political committee. **C** C00440826

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51370

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE CO PAC

Mailing Address 175 BERKELEY STREET

City BOSTON State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11.51119

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 59 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
LOCKE LORD BISSELL & LIDDELL LLP PAC

Mailing Address 600 TRAVIS STREET
STE 2800

City HOUSTON State TX Zip Code 77002-2914

FEC ID number of contributing federal political committee. **C** C00117861

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51085

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address PO BOX 33010

City LAKELAND State FL Zip Code 33807-3010

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51358

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARSH & MCLENNAN COMPANIES, INC. PAC (MMCPAC)

Mailing Address 1166 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036-2708

FEC ID number of contributing federal political committee. **C** C00457234

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11.50915

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 60 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
MCGRAW HILL FINANCIAL INC PAC

Mailing Address 1221 AVENUE OF THE AMERICAS 48TH F

City State Zip Code
NEW YORK NY 10020-1001

FEC ID number of contributing federal political committee. **C C00494682**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51360

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHIGAN SUGAR COMPANY GROWERS PAC

Mailing Address 2600 S EUCLID AVE

City State Zip Code
BAY CITY MI 48706-3414

FEC ID number of contributing federal political committee. **C C00384354**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51084

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE SUGAR PAC

Mailing Address 7525 RED RIVER ROAD

City State Zip Code
WAHPETON ND 58075-9705

FEC ID number of contributing federal political committee. **C C00164939**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11.51120

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 61 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1919 M ST NW

City State Zip Code
D.C. DC 20036-3521

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51362

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1919 M ST NW

City State Zip Code
D.C. DC 20036-3521

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51363

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MORTGAGE GUARANTY INSURANCE CORPORATION POLITICAL

Mailing Address ATTN: REGULATORY RELATIONS
250 E. KILBOURN AVE.

City State Zip Code
MILWAUKEE WI 53202-3102

FEC ID number of contributing federal political committee. **C C00586859**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51365

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MORTGAGE BROKERS PAC (NAMB PAC)

Mailing Address 2701 W 15TH ST
SUITE 536

City PLANO State TX Zip Code 75075-7523

FEC ID number of contributing federal political committee. **C** C00254201

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11.50751

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MORTGAGE BROKERS PAC (NAMB PAC)

Mailing Address 2701 W 15TH ST
SUITE 536

City PLANO State TX Zip Code 75075-7523

FEC ID number of contributing federal political committee. **C** C00254201

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016

Transaction ID : SA11.50752

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 122 C STREET NW
SUITE 540

City WASHINGTON State DC Zip Code 20001-2102

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.51040

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 122 C STREET NW
SUITE 540

City WASHINGTON State DC Zip Code 20001-2102

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.51041

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR T

Mailing Address CORDOVA

City FRANKLIN State TN Zip Code 37067-

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11.51057

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL VENTURE CAPITAL ASSOCIATION

Mailing Address 25 MASSACHUSETTS AVE NW
STE 730

City WASHINGTON State DC Zip Code 20001-7401

FEC ID number of contributing federal political committee. **C C00150367**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.51247

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & INVESTMENTS

Mailing Address 1 NATIONWIDE PLAZA
1-32-301

City State Zip Code
COLUMBUS OH 43215-2226

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.51036

Amount of Each Receipt this Period
850.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & INVESTMENTS

Mailing Address 1 NATIONWIDE PLAZA
1-32-301

City State Zip Code
COLUMBUS OH 43215-2226

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11.51037

Amount of Each Receipt this Period
1150.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & INVESTMENTS

Mailing Address 1 NATIONWIDE PLAZA
1-32-301

City State Zip Code
COLUMBUS OH 43215-2226

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51357

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE PAC

Mailing Address 51 MADISON AVE
RM 1109

City NEW YORK State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.51250

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NOMURA HOLDING AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVENUE, NW
SUITE 515

City WASHINGTON State DC Zip Code 20004-

FEC ID number of contributing federal political committee. **C C00491951**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51371

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORTHWESTERN MUTUAL FEDERAL PAC

Mailing Address 720 E WISCONSIN AVE

City MILWAUKEE State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51048

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
NORTHWESTERN MUTUAL FEDERAL PAC

Mailing Address 720 E WISCONSIN AVE

City State Zip Code
MILWAUKEE WI 53202-4703

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11.51049

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030-7400

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51355

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES PAC

Mailing Address PO BOX 2566

City State Zip Code
OSHKOSH WI 54903-2566

FEC ID number of contributing federal political committee. **C C00304477**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11.50829

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 67 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
PANHANDLE PEANUT GROWERS PAC

Mailing Address **PO BOX 361**

City **WELLINGTON** State **TX** Zip Code **79095-0361**

FEC ID number of contributing federal political committee. **C C00382507**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11.51056

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **2211 NORTH FIRST STREET**

City **SAN JOSE** State **CA** Zip Code **95131-**

FEC ID number of contributing federal political committee. **C C00581686**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51369

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PLAINS COTTON GROWERS INC PAC

Mailing Address **4517 W LOOP 289**

City **LUBBOCK** State **TX** Zip Code **79414-1235**

FEC ID number of contributing federal political committee. **C C00599084**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11.51121

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 68 OF 171
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE/THE BANK OF NEW YORK ME

Mailing Address BNY MELLON CENTER ROOM 3225

City State Zip Code
PITTSBURGH PA 15219-

FEC ID number of contributing federal political committee. **C C00494534**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.50916

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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

Mailing Address 1301 K STREET NW
SUITE 800-WEST

City State Zip Code
WASHINGTON DC 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11.50750

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PROFESSIONAL INSURANCE AGENTS PAC

Mailing Address 400 N WASHINGTON STREET

City State Zip Code
ALEXANDRIA VA 22314-2366

FEC ID number of contributing federal political committee. **C C00004994**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11.51086

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA

Mailing Address 8700 W BRYN MAWR AVE

City CHICAGO State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51366

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA

Mailing Address 8700 W BRYN MAWR AVE

City CHICAGO State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51367

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAIN STREET PAC

Mailing Address 1220 L STREET NW
SUITE 100-263

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.51033

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.51353

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
S. C. JOHNSON & SON, INC POLITICAL ACTION COMMITTEE

Mailing Address 1525 HOWE ST

City RACINE State WI Zip Code 53403-2237

FEC ID number of contributing federal political committee. **C C00342246**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016

Transaction ID : SA11.50759

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SECURIAN, INC PAC

Mailing Address 400 ROBERT ST N

City ST PAUL State MN Zip Code 55101-2037

FEC ID number of contributing federal political committee. **C C00120006**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.51043

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. SELECT MEDICAL CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 4714 GETTYSBURG RD

City State Zip Code
MECHANICSBURG PA 17055-4325

FEC ID number of contributing federal political committee. **C C00546119**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51058

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. SNAKE RIVER SUGAR CO PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1951 S SATURN WAY, STE 100

City State Zip Code
BOISE ID 83709-

FEC ID number of contributing federal political committee. **C C00326389**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11.51052

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. STATE FARM PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1 STATE FARM PLZ

City State Zip Code
BLOOMINGTON IL 61710-0001

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

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

Transaction ID : SA11.50827

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
STATE FARM PAC

Mailing Address 1 STATE FARM PLZ

City: BLOOMINGTON State: IL Zip Code: 61710-0001

FEC ID number of contributing federal political committee: **C C00544817**

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5500.00

Date of Receipt: 02 / 08 / 2016

Transaction ID : SA11.50828

Amount of Each Receipt this Period: 1500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE OPTIONS CLEARING CORPORATION PAC

Mailing Address 1 N UPPER WACKER DR

City: CHGO State: IL Zip Code: 60606-

FEC ID number of contributing federal political committee: **C C00255877**

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 02 / 25 / 2016

Transaction ID : SA11.51045

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE TRAVELERS COMPANIES INC PAC

Mailing Address 1 TOWER SQUARE

City: HARTFORD State: CT Zip Code: 06183-0001

FEC ID number of contributing federal political committee: **C C00376376**

Name of Employer: Occupation:

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 03 / 25 / 2016

Transaction ID : SA11.51248

Amount of Each Receipt this Period: 2000.00

Memo Item CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. THRIVENT FINANCIAL FOR LUTHERANS EMPLOYEE PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1892

City APPLETON State WI Zip Code 54912-1892

FEC ID number of contributing federal political committee. **C** C00121319

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

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

Transaction ID : SA11.50913

Amount of Each Receipt this Period
 5000.00

Memo Item
CONTRIBUTION

B. TIAA-CREF PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 PENNSYLVANIA AVENUE NW SUITE 800

City WASHINGTON State DC Zip Code 20004-2526

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016

Transaction ID : SA11.50803

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. TIAA-CREF PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 PENNSYLVANIA AVENUE NW SUITE 800

City WASHINGTON State DC Zip Code 20004-2526

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11.51116

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

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

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

9500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 74 OF 171

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
TUESDAY GROUP PAC

Mailing Address **209 PENNSYLVANIA AVE SE**

City **WASHINGTON** State **DC** Zip Code **20003-1107**

FEC ID number of contributing federal political committee. **C C00433060**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
03 / 31 / 2016

Transaction ID : SA11.51354

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC COROPORATION FUND FOR EFFECTIVE GOVERNMENT PAC

Mailing Address **600 13TH STREET NW SUITE 340**

City **WASHINGTON** State **DC** Zip Code **20005-3012**

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
03 / 01 / 2016

Transaction ID : SA11.51047

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES EMPLOYEE PAC

Mailing Address **1401 EYE STREET NW SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20005-2225**

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
03 / 31 / 2016

Transaction ID : SA11.51359

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address **800 NICOLLET MALL**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51350

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **800 NICOLLET MALL**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11.51351

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTERN PEANUT GROWERS PAC

Mailing Address **BOX 252**

City **SEMINOLE** State **TX** Zip Code **79360-0252**

FEC ID number of contributing federal political committee. **C C00254847**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11.51055

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
WESTERN SUGAR COOPERATIVE

Mailing Address 7555 E HAMPDEN AVENUE
SUITE 600

City DENVER State CO Zip Code 80231-4837

FEC ID number of contributing federal political committee. **C** C00446674

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11.51087

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

140350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 171
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
THE WISCONSIN VICTORY TEAM

Mailing Address **PO BOX 9891**

City **ARLINGTON** State **VA** Zip Code **22219-1891**

FEC ID number of contributing federal political committee. **C C00585828**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12120.10**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA12.51364

Amount of Each Receipt this Period
1710.91

Memo Item
TRANSFER
TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

Mailing Address **216 GRANDVIEW DR.**

City **HUDSON** State **WI** Zip Code **54016-**

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

Name of Employer Occupation
RETIRED ANESTHETIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **757.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA12.51534

Amount of Each Receipt this Period
257.50

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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

Mailing Address **914 SALLYS ALY N**

City **HUDSON** State **WI** Zip Code **54016-1176**

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA12.51529

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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

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

1710.91

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

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

FOR LINE NUMBER: PAGE 78 OF 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 927 PINE RIDGE TERRACE

City State Zip Code
RIVER FALLS WI 54022-

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

Name of Employer Occupation
ASSISTANT DENTISTS OFFICE ASSISTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 12 2016

Transaction ID : SA12.51532

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

B. Full Name (Last, First, Middle Initial)
ALICE A. HANSON

Mailing Address 948 HANSON DRIVE

City State Zip Code
RIVER FALLS WI 54022-1564

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 12 2016

Transaction ID : SA12.51523

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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

Mailing Address 420 RIVERSIDE BOULEVARD

City State Zip Code
AMERY WI 54001-

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

Name of Employer Occupation
AMERY TRUE VALVE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 12 2016

Transaction ID : SA12.51531

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 79 OF 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

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

Mailing Address 1141 173RD AVENUE

City State Zip Code
NEW RICHMOND WI 54017-

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

Name of Employer Occupation
ST. CROIX THERAPY BUS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA12.51528

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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

Mailing Address 693 MONTCALM PLACE

City State Zip Code
ST PAUL MN 55116-

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA12.51530

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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

Mailing Address 2148 MAKER COURT

City State Zip Code
LUCK WI 54016-

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

Name of Employer Occupation
LINDUS CONSTRUCTION OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA12.51533

Amount of Each Receipt this Period
1250.00

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 171
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. CATHERINE MUNKITTRICK		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 1108 TOWN HALL ROAD		Transaction ID : SA12.51525	
City RIVER FALLS	State WI	Zip Code 54022-	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER	
Name of Employer SELF	Occupation FURNITURE MAKER		JFC ATTRIB: THE WISCONSIN VICTORY TEAM
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 50.00		

Full Name (Last, First, Middle Initial) B. DAVID MUNKITTRICK		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 1108 TOWN HALL ROAD		Transaction ID : SA12.51524	
City RIVER FALLS	State WI	Zip Code 54022-	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER	
Name of Employer SELF	Occupation FURNITUREMAKER		JFC ATTRIB: THE WISCONSIN VICTORY TEAM
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 65.00		

Full Name (Last, First, Middle Initial) C. JACQUELINE L. NICCUM		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 2663 HILLTOP LANE		Transaction ID : SA12.51527	
City RIVER FALLS	State WI	Zip Code 54022-	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF		JFC ATTRIB: THE WISCONSIN VICTORY TEAM
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 50.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 0.00
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 81 OF 171
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES E. WHITE

Mailing Address 1593 RIVER RIDGE ROAD

City RIVER FALLS State WI Zip Code 54022-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA12.51526

Amount of Each Receipt this Period
12.50

Memo Item
TRANSFER
JFC ATTRIB: THE WISCONSIN VICTORY TEAM

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

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

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

0.00

1710.91

**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 82 OF 171
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Duffy for Congress

A. Full Name (Last, First, Middle Initial)
RIVER VALLEY BANK

Mailing Address 327 N 17TH AVE

City WAUSAU State WI Zip Code 54401

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
561.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA15.6978

Amount of Each Receipt this Period
191.29

Memo Item
INTEREST

B. Full Name (Last, First, Middle Initial)
RIVER VALLEY BANK

Mailing Address 327 N 17TH AVE

City WAUSAU State WI Zip Code 54401

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
561.42

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2016

Transaction ID : SA15.6979

Amount of Each Receipt this Period
191.22

Memo Item
INTEREST

C. Full Name (Last, First, Middle Initial)
RIVER VALLEY BANK

Mailing Address 327 N 17TH AVE

City WAUSAU State WI Zip Code 54401

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
561.42

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

Transaction ID : SA15.6980

Amount of Each Receipt this Period
178.91

Memo Item
INTEREST

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

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

561.42

561.42

**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 83 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SEAN DUFFY		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 4015 CRESTWOOD DRIVE		Amount of Each Disbursement this Period 303.88
City WAUSAU State WI Zip Code 54403-0538	Purpose of Disbursement TRAVEL	
Candidate Name SEAN DUFFY		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.I7103

Full Name (Last, First, Middle Initial) B. SEAN DUFFY		Date of Disbursement MM / DD / YYYY 03 / 03 / 2016
Mailing Address 4015 CRESTWOOD DRIVE		Amount of Each Disbursement this Period 776.52
City WAUSAU State WI Zip Code 54403-0538	Purpose of Disbursement TRAVEL	
Candidate Name SEAN DUFFY		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.I7104

Full Name (Last, First, Middle Initial) C. SEAN DUFFY		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address 4015 CRESTWOOD DRIVE		Amount of Each Disbursement this Period 2590.96
City WAUSAU State WI Zip Code 54403-0538	Purpose of Disbursement TRAVEL	
Candidate Name SEAN DUFFY		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.I7105

SUBTOTAL of Disbursements This Page (optional).....	3671.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. JESSE GARZA		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 885 TROUT BROOK ROAD		Amount of Each Disbursement this Period 252.00
City HUDSON State WI Zip Code 54016-7418	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7106
State: District:		

Full Name (Last, First, Middle Initial) B. LAURA GRALTON CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address N60 W39698 MARY LANE		Amount of Each Disbursement this Period 1543.01
City OCONOMOWOC State WI Zip Code 53066	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7092
State: District:		

Full Name (Last, First, Middle Initial) C. LAURA GRALTON CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address N60 W39698 MARY LANE		Amount of Each Disbursement this Period 181.53
City OCONOMOWOC State WI Zip Code 53066	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7093
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1976.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)
A. LAURA GRALTON CONSULTING

Mailing Address N60 W39698 MARY LANE

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2016

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.I7095

Full Name (Last, First, Middle Initial)
B. LAURA GRALTON CONSULTING

Mailing Address N60 W39698 MARY LANE

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2016

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.I7096

Full Name (Last, First, Middle Initial)
C. LAURA GRALTON CONSULTING

Mailing Address N60 W39698 MARY LANE

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2016

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.I7097

SUBTOTAL of Disbursements This Page (optional) 6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. LAURA GRALTON CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016	
Mailing Address N60 W39698 MARY LANE			Amount of Each Disbursement this Period 2000.00	
City OCONOMOWOC	State WI	Zip Code 53066	<input type="checkbox"/> Memo Item	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I7098	
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) B. LAURA GRALTON CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address N60 W39698 MARY LANE			Amount of Each Disbursement this Period 225.00	
City OCONOMOWOC	State WI	Zip Code 53066	<input type="checkbox"/> Memo Item	
Purpose of Disbursement PARKING SERVICE		Category/ Type	Transaction ID : SB17.I7099	
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. LAURA GRALTON CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address N60 W39698 MARY LANE			Amount of Each Disbursement this Period 234.48	
City OCONOMOWOC	State WI	Zip Code 53066	<input type="checkbox"/> Memo Item	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I7107	
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 Disbursements This Page (optional).....	2459.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. F JAMES SENSENBRENNER			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 116 6TH STREET NE #102			Amount of Each Disbursement this Period 250.00	
City WASHINGTON	State DC	Zip Code 20002	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SEE MEMO BELOW		Category/ Type		
Candidate Name			Transaction ID : SB17.I7101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL CLUB			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 2001 NEW HAMPSHIRE AVE NW			Amount of Each Disbursement this Period 250.00	
City WASHINGTON	State DC	Zip Code 20009	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement REGISTRATION FEE		Category/ Type 001		
Candidate Name			Transaction ID : SB17.I7295	
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. CHRISTY STUTZMAN			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 116 6TH STREET NW #102			Amount of Each Disbursement this Period 500.00	
City WASHINGTON	State DC	Zip Code 20002	<input type="checkbox"/> Memo Item	
Purpose of Disbursement SEE MEMO BELOW		Category/ Type 001		
Candidate Name			Transaction ID : SB17.I7102	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. THE CONGRESSIONAL CLUB			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016		
Mailing Address 2001 NEW HAMPSHIRE AVE NW			Amount of Each Disbursement this Period 500.00		
City WASHINGTON	State DC	Zip Code 20009	Category/Type <input type="checkbox"/> 001 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7296		
Purpose of Disbursement REGISTRATION FEE					
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. CHANDLER SWANSEN			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016		
Mailing Address 6902 WESTON RIDGE DR. #40			Amount of Each Disbursement this Period 249.95		
City WESTON	State WI	Zip Code 54476	Category/Type <input type="checkbox"/> 001 <input type="checkbox"/> Memo Item Transaction ID : SB17.I7100		
Purpose of Disbursement SEE MEMO BELOW					
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016		
Mailing Address P.O. BOX 25505			Amount of Each Disbursement this Period 249.95		
City LEHIGH VALLEY	State PA	Zip Code 18002-5505	Category/Type <input type="checkbox"/> 001 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7298		
Purpose of Disbursement PHONE EXPENSE					
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	249.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. CHANDLER SWANSEN		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 6902 WESTON RIDGE DR. #40		Amount of Each Disbursement this Period 270.02
City WESTON State WI Zip Code 54476	Purpose of Disbursement TRAVEL/SEE MEMO BELOW Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7108
State: District:		

Full Name (Last, First, Middle Initial) B. HERTZ PROCESSING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY		Amount of Each Disbursement this Period 112.16
City OKLAHOMA CITY State OK Zip Code 73126-9033	Purpose of Disbursement TRAVEL Category/Type 002	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7299
State: District:		

Full Name (Last, First, Middle Initial) C. CHANDLER SWANSEN		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 6902 WESTON RIDGE DR. #40		Amount of Each Disbursement this Period 927.39
City WESTON State WI Zip Code 54476	Purpose of Disbursement SEE MEMO BELOW Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7109
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1197.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016		
Mailing Address 1030 DELTA BLVD			Amount of Each Disbursement this Period 896.20		
City ATLANTA	State GA	Zip Code 30354-7561	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7300		
Purpose of Disbursement TRAVEL		Category/Type 002			
Candidate Name					
Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	Disbursement For:		
	President <input type="checkbox"/>		Primary <input type="checkbox"/>	General <input type="checkbox"/>	
			Other (specify) <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) B. HANNAH TINSLEY			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016		
Mailing Address C/O HOOKS SOLUTIONS 403 FIRST STREET SE			Amount of Each Disbursement this Period 235.80		
City WASHINGTON	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item Transaction ID : SB17.I7094		
Purpose of Disbursement SEE MEMO BELOW		Category/Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	Disbursement For:		
	President <input type="checkbox"/>		Primary <input type="checkbox"/>	General <input type="checkbox"/>	
			Other (specify) <input type="checkbox"/>		
State:	District:				

Full Name (Last, First, Middle Initial) C. SONOMA RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address 223 PENNSYLVANIA AVE SE			Amount of Each Disbursement this Period 235.80		
City WASHINGTON	State DC	Zip Code 20003	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7297		
Purpose of Disbursement FOOD/BEVERAGE		Category/Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	Disbursement For:		
	President <input type="checkbox"/>		Primary <input type="checkbox"/>	General <input type="checkbox"/>	
			Other (specify) <input type="checkbox"/>		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	235.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD		Date of Disbursement														
Mailing Address 140 FELL COURT		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>31</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		31		2016				
M M	/	D D	/	Y Y Y Y												
01		31		2016												
City HAUPPAUGE	State NY	Zip Code 11788														
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1359.39</td> </tr> </table>		Amount of Each Disbursement this Period	1359.39												
Amount of Each Disbursement this Period																
1359.39																
Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.I6981															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House															
<input type="checkbox"/>	Senate															
<input type="checkbox"/>	President															
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General													
<input type="checkbox"/>	Other (specify)															
State: District:																

Full Name (Last, First, Middle Initial) B. ACCOUNTANTS WORLD		Date of Disbursement														
Mailing Address 140 FELL COURT		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>12</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		12		2016				
M M	/	D D	/	Y Y Y Y												
02		12		2016												
City HAUPPAUGE	State NY	Zip Code 11788														
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1359.39</td> </tr> </table>		Amount of Each Disbursement this Period	1359.39												
Amount of Each Disbursement this Period																
1359.39																
Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.I6982															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House															
<input type="checkbox"/>	Senate															
<input type="checkbox"/>	President															
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General													
<input type="checkbox"/>	Other (specify)															
State: District:																

Full Name (Last, First, Middle Initial) C. ACCOUNTANTS WORLD		Date of Disbursement														
Mailing Address 140 FELL COURT		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>29</td> <td></td> <td>2016</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		29		2016				
M M	/	D D	/	Y Y Y Y												
02		29		2016												
City HAUPPAUGE	State NY	Zip Code 11788														
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1359.39</td> </tr> </table>		Amount of Each Disbursement this Period	1359.39												
Amount of Each Disbursement this Period																
1359.39																
Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.I6983															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House															
<input type="checkbox"/>	Senate															
<input type="checkbox"/>	President															
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General													
<input type="checkbox"/>	Other (specify)															
State: District:																

SUBTOTAL of Disbursements This Page (optional).....	4078.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 1359.39
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I6984
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 45.00
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL PROCESSING FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I6985
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 45.00
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL PROCESSING FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I6986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1449.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 45.00
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL PROCESSING FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I6987
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 50.25
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL PROCESSING FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I6988
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 45.00
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL PROCESSING FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I6989
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	140.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 101.74
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL TAX	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I6990
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 101.74
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL TAX	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I6991
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ACCOUNTANTS WORLD		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 103.50
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL TAX	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I6992
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	306.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 140 FELL COURT			Amount of Each Disbursement this Period 451.29
City HAUPPAUGE	State NY	Zip Code 11788	
Purpose of Disbursement PAYROLL TAX		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I6993
State: District:			

Full Name (Last, First, Middle Initial) B. ACCOUNTANTS WORLD			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2016
Mailing Address 140 FELL COURT			Amount of Each Disbursement this Period 451.29
City HAUPPAUGE	State NY	Zip Code 11788	
Purpose of Disbursement PAYROLL TAX		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I6994
State: District:			

Full Name (Last, First, Middle Initial) C. ACCOUNTANTS WORLD			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address 140 FELL COURT			Amount of Each Disbursement this Period 451.29
City HAUPPAUGE	State NY	Zip Code 11788	
Purpose of Disbursement PAYROLL TAX		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I6995
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1353.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ACCOUNTANTS WORLD			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016		
Mailing Address 140 FELL COURT			Amount of Each Disbursement this Period 554.39		
City HAUPPAUGE	State NY	Zip Code 11788	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL TAX		Category/ Type			
Candidate Name		Transaction ID : SB17.I6996			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. ACCOUNTANTS WORLD			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016		
Mailing Address 140 FELL COURT			Amount of Each Disbursement this Period 91.14		
City HAUPPAUGE	State NY	Zip Code 11788	Memo Item <input type="checkbox"/>		
Purpose of Disbursement PAYROLL TAX		Category/ Type			
Candidate Name		Transaction ID : SB17.I6997			
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. ASHBY LAW PLLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016		
Mailing Address 717 PRINCESS STREET			Amount of Each Disbursement this Period 600.00		
City ALEXANDRIA	State VA	Zip Code 22314-3008	Memo Item <input type="checkbox"/>		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type			
Candidate Name		Transaction ID : SB17.I6998			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional)	1245.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ASHBY LAW PLLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 717 PRINCESS STREET		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I6999
City ALEXANDRIA State VA Zip Code 22314-3008	Purpose of Disbursement LEGAL CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ASHBY LAW PLLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 717 PRINCESS STREET		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I7000
City ALEXANDRIA State VA Zip Code 22314-3008	Purpose of Disbursement LEGAL CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ASHBY LAW PLLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 717 PRINCESS STREET		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I7001
City ALEXANDRIA State VA Zip Code 22314-3008	Purpose of Disbursement LEGAL CONSULTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. ASHBY LAW PLLC		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 717 PRINCESS STREET		Amount of Each Disbursement this Period 600.00
City ALEXANDRIA	State VA	
Zip Code 22314-3008	Purpose of Disbursement LEGAL CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7002
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) B. ASHBY LAW PLLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 717 PRINCESS STREET		Amount of Each Disbursement this Period 1200.00
City ALEXANDRIA	State VA	
Zip Code 22314-3008	Purpose of Disbursement LEGAL CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7003
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 758.10
City VIENNA	State VA	
Zip Code 22182-2245	Purpose of Disbursement DATABASE SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7004
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2558.10
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 758.10
City VIENNA State VA Zip Code 22182-2245	Purpose of Disbursement DATABASE SERVICES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7005
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 758.10
City VIENNA State VA Zip Code 22182-2245	Purpose of Disbursement DATABASE SERVICES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7006
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CROSBY OTTENHOFF GROUP		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 611 PENNSYLVANIA AVENUE SE #267		Amount of Each Disbursement this Period 1750.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7007
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3266.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)
A. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2016

Amount of Each Disbursement this Period: 1750.00

Memo Item

Transaction ID : SB17.I7008

Full Name (Last, First, Middle Initial)
B. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2016

Amount of Each Disbursement this Period: 2250.00

Memo Item

Transaction ID : SB17.I7009

Full Name (Last, First, Middle Initial)
C. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2016

Amount of Each Disbursement this Period: 655.24

Memo Item

Transaction ID : SB17.I7010

SUBTOTAL of Disbursements This Page (optional) 4655.24

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. CROSBY OTTENHOFF GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 611 PENNSYLVANIA AVENUE SE #267		Amount of Each Disbursement this Period 1274.99
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement WEB SERVICE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FLS CONNECT LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 7300 HUDSON BLVD #270 SUITE 270		Amount of Each Disbursement this Period 2307.40
City ST PAUL State MN Zip Code 55128-7143	Purpose of Disbursement MESSAGE PHONE CALLS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7012
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. IMGE, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 108 SOUTH WASHINGTON STREET 3RD FLOOR		Amount of Each Disbursement this Period 3000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIA CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7013
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6582.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. IMGE, LLC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 108 SOUTH WASHINGTON STREET 3RD FLOOR		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIA CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7014
State: District:		

Full Name (Last, First, Middle Initial) B. IMGE, LLC		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 108 SOUTH WASHINGTON STREET 3RD FLOOR		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement MEDIA CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7015
State: District:		

Full Name (Last, First, Middle Initial) C. IMGE, LLC		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address 108 SOUTH WASHINGTON STREET 3RD FLOOR		Amount of Each Disbursement this Period 45.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEB SERVICE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10045.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. IMGE, LLC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 108 SOUTH WASHINGTON STREET 3RD FLOOR		Amount of Each Disbursement this Period 45.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEB SERVICE	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7017
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. IMGE, LLC		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 108 SOUTH WASHINGTON STREET 3RD FLOOR		Amount of Each Disbursement this Period 45.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEB SERVICE	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7018
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address INTERNAL REVENUE SERVICE		Amount of Each Disbursement this Period 274.71
City OGDEN State UT Zip Code 84409	Purpose of Disbursement TAXES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7019
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	364.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 171			
	<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)
Duffy for Congress

A. ISTREAM

Full Name (Last, First, Middle Initial)
Mailing Address 13555 BISHOPS COURT
SUITE 102

City BROOKFIELD State WI Zip Code 53005-6224

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 04 / 2016

Amount of Each Disbursement this Period: 21.19

Memo Item

Transaction ID : SB17.I7020

B. ISTREAM

Full Name (Last, First, Middle Initial)
Mailing Address 13555 BISHOPS COURT
SUITE 102

City BROOKFIELD State WI Zip Code 53005-6224

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2016

Amount of Each Disbursement this Period: 44.43

Memo Item

Transaction ID : SB17.I7021

C. ISTREAM

Full Name (Last, First, Middle Initial)
Mailing Address 13555 BISHOPS COURT
SUITE 102

City BROOKFIELD State WI Zip Code 53005-6224

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 06 / 2016

Amount of Each Disbursement this Period: 30.85

Memo Item

Transaction ID : SB17.I7022

SUBTOTAL of Disbursements This Page (optional) 96.47

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. JEWISH COMMUNITY RELATIONS COUNCIL			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address OF MINNESOTA AND THE DAKOTAS 12 NORTH 12TH STREET			Amount of Each Disbursement this Period 525.00
City MINNEAPOLIS	State MN	Zip Code 55403	
Purpose of Disbursement MEDIA		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7023
State: District:			

Full Name (Last, First, Middle Initial) B. LISA WAGNER AND COMPANY, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 1211 WEST 22ND STREET SUITE 620N			Amount of Each Disbursement this Period 1190.00
City OAK BROOK	State IL	Zip Code 60523	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7025
State: District:			

Full Name (Last, First, Middle Initial) C. MARATHON COUNTY REPUBLICAN PARTY			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address P.O. BOX 834			Amount of Each Disbursement this Period 1000.00
City WAUSAU	State WI	Zip Code 54402-0834	
Purpose of Disbursement REGISTRATION FEE		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7026
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2715.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. MOXIE CREATIVE STUDIO			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016	
Mailing Address 2300 LUPINE ROAD			Amount of Each Disbursement this Period 2850.00	
City WAUSAU	State WI	Zip Code 54401	Memo Item <input type="checkbox"/>	
Purpose of Disbursement GRAPHIC DESIGN		Category/ Type		
Candidate Name			Transaction ID : SB17.I7028	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. RIVER VALLEY BANK			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016	
Mailing Address P.O. BOX 790408 #40			Amount of Each Disbursement this Period 11430.21	
City ST. LOUIS	State MO	Zip Code 63179-4814	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type		
Candidate Name			Transaction ID : SB17.I7029	
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. AIRLINK GO NYC			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016	
Mailing Address 47-25 27TH ST			Amount of Each Disbursement this Period 1.60	
City LONG ISLAND CITY	State NY	Zip Code 11101	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement TRAVEL		Category/ Type		
Candidate Name			Transaction ID : SB17.I7120	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	14280.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. AIRLINK GO NYC		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 47-25 27TH ST		Amount of Each Disbursement this Period 169.00
City LONG ISLAND CITY	State NY	
Zip Code 11101	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7121
State: District:		

Full Name (Last, First, Middle Initial) B. AIRLINK GO NYC		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 47-25 27TH ST		Amount of Each Disbursement this Period 174.59
City LONG ISLAND CITY	State NY	
Zip Code 11101	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7122
State: District:		

Full Name (Last, First, Middle Initial) C. ASP EVENTS LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1201 S BARTON ST UNIT 173		Amount of Each Disbursement this Period 940.00
City ARLINGTON	State VA	
Zip Code 22204	Purpose of Disbursement CATERING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7124
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 208 S. AKARD ST		Amount of Each Disbursement this Period 159.46
City DALLAS State TX Zip Code 75202-0647	Purpose of Disbursement PHONE SERVICE	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7125
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. BACK WHEN CAFE		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 606 N 3RD STREET		Amount of Each Disbursement this Period 206.57
City WAUSAU State WI Zip Code 54403-4831	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7126
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. BOINGO WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES State CA Zip Code 90024-3711	Purpose of Disbursement PHONE SERVICE	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7127
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. BOINGO WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES State CA Zip Code 90024-3711	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7128
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 244.99
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7130
State: District:		

Full Name (Last, First, Middle Initial) C. CUSTOMINK LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 2910 DISTRICT AVE #300		Amount of Each Disbursement this Period 630.40
City FAIRFAX State VA Zip Code 22031	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7133
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 183.10
City ATLANTA	State GA Zip Code 30354-7561	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7134

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 892.60
City ATLANTA	State GA Zip Code 30354-7561	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7135

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period 21.63
City BROOKFIELD	State WI Zip Code 53005-2461	
Purpose of Disbursement DELIVERY SERVICES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7138

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period
City: BROOKFIELD State: WI Zip Code: 53005-2461		35.81
Purpose of Disbursement: DELIVERY SERVICES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I7139
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)		Date of Disbursement
B. LOTTE NEW YORK PALACE		M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 455 MADISON AVENUE		Amount of Each Disbursement this Period
City: NEW YORK State: NY Zip Code: 10022		825.22
Purpose of Disbursement: TRAVEL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I7142
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)		Date of Disbursement
C. LOTTE NEW YORK PALACE		M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 455 MADISON AVENUE		Amount of Each Disbursement this Period
City: NEW YORK State: NY Zip Code: 10022		2449.37
Purpose of Disbursement: TRAVEL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I7143
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 15.81
City NAPERVILLE	State IL	
Zip Code 60563-1423	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I7150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SONOMA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 223 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 158.55
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I7153
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. SONOMA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 223 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 269.40
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I7154
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SONOMA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 223 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 315.48
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7155
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE LODGE AT VAIL		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 174 EAST GORE CREEK DRIVE		Amount of Each Disbursement this Period 1164.49
City VAIL State CO Zip Code 81657	Purpose of Disbursement TRAVEL	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7157
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE LODGE AT VAIL		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 174 EAST GORE CREEK DRIVE		Amount of Each Disbursement this Period 1251.20
City VAIL State CO Zip Code 81657	Purpose of Disbursement TRAVEL	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7158
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 16.59
City SAN FRANCISCO	State CA Zip Code 94103-1611	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7159

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 19.29
City SAN FRANCISCO	State CA Zip Code 94103-1611	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7160

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 43.59
City SAN FRANCISCO	State CA Zip Code 94103-1611	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7161

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016		
Mailing Address 233 SOUTH WACKER DRIVE			Amount of Each Disbursement this Period 75.00		
City CHICAGO	State IL	Zip Code 60606-1604	<input type="checkbox"/> Memo Item Transaction ID : SB17.I7162		
Purpose of Disbursement TRAVEL		Category/ Type			
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) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016		
Mailing Address 2100 N MOUNTAIN RD			Amount of Each Disbursement this Period 3.73		
City WAUSAU	State WI	Zip Code 54401-8119	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7163		
Purpose of Disbursement POSTAGE		Category/ Type			
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. USPS			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016		
Mailing Address 2100 N MOUNTAIN RD			Amount of Each Disbursement this Period 98.00		
City WAUSAU	State WI	Zip Code 54401-8119	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7164		
Purpose of Disbursement POSTAGE		Category/ Type			
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 Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement															
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		02		2016				
M M	/	D D	/	Y Y Y Y													
01		02		2016													
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WAUSAU</td> <td>WI</td> <td>54401-8119</td> </tr> </table>		City	State	Zip Code	WAUSAU	WI	54401-8119	<table border="1"> <tr> <td>196.00</td> </tr> </table>		196.00							
City	State	Zip Code															
WAUSAU	WI	54401-8119															
196.00																	
Purpose of Disbursement POSTAGE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7165															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

Full Name (Last, First, Middle Initial)		Date of Disbursement															
B. VERIZON WIRELESS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		02		2016				
M M	/	D D	/	Y Y Y Y													
01		02		2016													
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>LEHIGH VALLEY</td> <td>PA</td> <td>18002-5505</td> </tr> </table>		City	State	Zip Code	LEHIGH VALLEY	PA	18002-5505	<table border="1"> <tr> <td>122.80</td> </tr> </table>		122.80							
City	State	Zip Code															
LEHIGH VALLEY	PA	18002-5505															
122.80																	
Purpose of Disbursement PHONE SERVICE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7166															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

Full Name (Last, First, Middle Initial)		Date of Disbursement															
C. WALL STREET JOURNAL		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		02		2016				
M M	/	D D	/	Y Y Y Y													
01		02		2016													
Mailing Address 1350 BROADWAY SUITE 2400		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>NEW YORK</td> <td>NY</td> <td>10018</td> </tr> </table>		City	State	Zip Code	NEW YORK	NY	10018	<table border="1"> <tr> <td>41.81</td> </tr> </table>		41.81							
City	State	Zip Code															
NEW YORK	NY	10018															
41.81																	
Purpose of Disbursement SUBSCRIPTION		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7167															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. RIVER VALLEY BANK			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address P.O. BOX 790408 #40			Amount of Each Disbursement this Period 7741.93
City ST. LOUIS	State MO	Zip Code 63179-4814	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type	<input type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7030
State: District:			

Full Name (Last, First, Middle Initial) B. AMAZON.COM			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1516 2ND AVENUE			Amount of Each Disbursement this Period 36.84
City SEATTLE	State WA	Zip Code 98101-1543	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7169
State: District:			

Full Name (Last, First, Middle Initial) C. AMAZON.COM			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1516 2ND AVENUE			Amount of Each Disbursement this Period 36.84
City SEATTLE	State WA	Zip Code 98101-1543	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7170
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	7741.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1516 2ND AVENUE		Amount of Each Disbursement this Period 344.88
City SEATTLE	State WA Zip Code 98101-1543	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I7171
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 208 S. AKARD ST		Amount of Each Disbursement this Period 159.46
City DALLAS	State TX Zip Code 75202-0647	
Purpose of Disbursement PHONE SERVICE	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I7172
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. BARCELONA		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1622 14TH ST NW		Amount of Each Disbursement this Period 456.60
City WASHINGTON	State DC Zip Code 20009	
Purpose of Disbursement CATERING	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I7173
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. BOINGO WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES State CA Zip Code 90024-3711	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7175
State: District:		

Full Name (Last, First, Middle Initial) B. BOINGO WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES State CA Zip Code 90024-3711	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7176
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN FINANCIAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address P.O. BOX 30844		Amount of Each Disbursement this Period 2287.00
City BETHESDA State MD Zip Code 20824	Purpose of Disbursement DATABASE SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7177
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 300 FIRST ST SE			Amount of Each Disbursement this Period 159.74
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7178
State: District:			

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1030 DELTA BLVD			Amount of Each Disbursement this Period 207.00
City ATLANTA	State GA	Zip Code 30354-7561	
Purpose of Disbursement TRAVEL		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7181
State: District:			

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1030 DELTA BLVD			Amount of Each Disbursement this Period 337.00
City ATLANTA	State GA	Zip Code 30354-7561	
Purpose of Disbursement TRAVEL		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		Transaction ID : SB17.I7182
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 518.20
City ATLANTA	State GA Zip Code 30354-7561	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7183

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 922.20
City ATLANTA	State GA Zip Code 30354-7561	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7184

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period 35.81
City BROOKFIELD	State WI Zip Code 53005-2461	
Purpose of Disbursement DELIVERY SERVICES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7187

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period
City: BROOKFIELD State: WI Zip Code: 53005-2461		37.35
Purpose of Disbursement: DELIVERY SERVICES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I7188
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:	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FEDEX		M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period
City: BROOKFIELD State: WI Zip Code: 53005-2461		38.99
Purpose of Disbursement: DELIVERY SERVICES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I7189
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:	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FEDEX		M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period
City: BROOKFIELD State: WI Zip Code: 53005-2461		87.55
Purpose of Disbursement: DELIVERY SERVICES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : SB17.I7190
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. HERTZ PROCESSING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 14501 HERTZ QUAIL SPRINGS PKWY		Amount of Each Disbursement this Period 251.31
City OKLAHOMA CITY State OK Zip Code 73126-9033	Purpose of Disbursement TRAVEL	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7193
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. HH76.COM HERITAGE HOUSE		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 919 S MAIN STREET		Amount of Each Disbursement this Period 435.00
City SNOWFLAKE State AZ Zip Code 85937	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7194
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 24.26
City NAPERVILLE State IL Zip Code 60563-1423	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7195
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)
A. ROCKY MOUNTAIN CHOCOLATE FACTORY - VAIL

Mailing Address 158 GORE CREEK DRIVE

City VAIL State CO Zip Code 81657

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2016

Amount of Each Disbursement this Period: 273.17

Memo Item

Transaction ID : SB17.I7196

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

Mailing Address 193 GORE CREEK DRIVE #201

City VAIL State CO Zip Code 81657

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2016

Amount of Each Disbursement this Period: 270.48

Memo Item

Transaction ID : SB17.I7198

Full Name (Last, First, Middle Initial)
C. THE LODGE AT VAIL

Mailing Address 174 EAST GORE CREEK DRIVE

City VAIL State CO Zip Code 81657

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2016

Amount of Each Disbursement this Period: 17.07

Memo Item

Transaction ID : SB17.I7200

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 3.05
City SAN FRANCISCO	State CA Zip Code 94103-1611	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7201

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 6.35
City SAN FRANCISCO	State CA Zip Code 94103-1611	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7202

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 8.60
City SAN FRANCISCO	State CA Zip Code 94103-1611	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7203

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 17.33
City SAN FRANCISCO	State CA Zip Code 94103-1611	
Purpose of Disbursement TRAVEL	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I7204	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 1.64
City WAUSAU	State WI Zip Code 54401-8119	
Purpose of Disbursement POSTAGE	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I7205	
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 10.80
City WAUSAU	State WI Zip Code 54401-8119	
Purpose of Disbursement POSTAGE	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.I7206	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>15</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		15		2016
M M	/	D D	/	Y Y Y Y									
01		15		2016									
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WAUSAU</td> <td>WI</td> <td>54401-8119</td> </tr> </table>		City	State	Zip Code	WAUSAU	WI	54401-8119	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>45.80</td> </tr> </table>		Amount of Each Disbursement this Period	45.80		
City	State	Zip Code											
WAUSAU	WI	54401-8119											
Amount of Each Disbursement this Period													
45.80													
Purpose of Disbursement POSTAGE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7207											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. VERIZON WIRELESS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>15</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		15		2016
M M	/	D D	/	Y Y Y Y									
01		15		2016									
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>LEHIGH VALLEY</td> <td>PA</td> <td>18002-5505</td> </tr> </table>		City	State	Zip Code	LEHIGH VALLEY	PA	18002-5505	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>215.55</td> </tr> </table>		Amount of Each Disbursement this Period	215.55		
City	State	Zip Code											
LEHIGH VALLEY	PA	18002-5505											
Amount of Each Disbursement this Period													
215.55													
Purpose of Disbursement PHONE SERVICE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7208											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. WALL STREET JOURNAL		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>15</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		15		2016
M M	/	D D	/	Y Y Y Y									
01		15		2016									
Mailing Address 1350 BROADWAY SUITE 2400		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>NEW YORK</td> <td>NY</td> <td>10018</td> </tr> </table>		City	State	Zip Code	NEW YORK	NY	10018	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>41.81</td> </tr> </table>		Amount of Each Disbursement this Period	41.81		
City	State	Zip Code											
NEW YORK	NY	10018											
Amount of Each Disbursement this Period													
41.81													
Purpose of Disbursement SUBSCRIPTION		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7209											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. RIVER VALLEY BANK			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address P.O. BOX 790408 #40			Amount of Each Disbursement this Period 5640.45	
City ST. LOUIS		State MO	Zip Code 63179-4814	
Purpose of Disbursement CREDIT CARD PAYMENT			Memo Item <input type="checkbox"/>	
Candidate Name			Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Transaction ID : SB17.I7031		

Full Name (Last, First, Middle Initial) B. APPLE STORE			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address 1 INFINITE LOOP			Amount of Each Disbursement this Period 261.75	
City CUPERTINO		State CA	Zip Code 95014-4907	
Purpose of Disbursement COMPUTER EQUIPMENT/ACCESSORY			Memo Item <input checked="" type="checkbox"/>	
Candidate Name			Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Transaction ID : SB17.I7211		

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address 208 S. AKARD ST			Amount of Each Disbursement this Period 159.46	
City DALLAS		State TX	Zip Code 75202-0647	
Purpose of Disbursement PHONE SERVICE			Memo Item <input checked="" type="checkbox"/>	
Candidate Name			Category/Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Transaction ID : SB17.I7212		

SUBTOTAL of Disbursements This Page (optional).....	5640.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. BOINGO WIRELESS		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES State CA Zip Code 90024-3711	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7213
State: District:		

Full Name (Last, First, Middle Initial) B. BOINGO WIRELESS		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES State CA Zip Code 90024-3711	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7214
State: District:		

Full Name (Last, First, Middle Initial) C. BULLFEATHERS		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 410 FIRST STREET SE		Amount of Each Disbursement this Period 520.00
City WASHINGTON State DC Zip Code 20003-1819	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7215
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 123.91
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 30 EAST HUBBARD		Amount of Each Disbursement this Period 284.90
City CHICAGO	State IL Zip Code 60611	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7218
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CROWNE PLAZA		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 3 RAVINIA DRIVE SUITE 100		Amount of Each Disbursement this Period 132.37
City ATLANTA	State GA Zip Code 30346-5246	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7219
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. CROWNE PLAZA		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 3 RAVINIA DRIVE SUITE 100		Amount of Each Disbursement this Period 132.37
City ATLANTA	State GA Zip Code 30346-5246	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7220

Full Name (Last, First, Middle Initial) B. FOUR SEASONS RESORT		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 1 VAIL ROAD		Amount of Each Disbursement this Period 3116.92
City VAIL	State CO Zip Code 81657-5701	
Purpose of Disbursement CATERING	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7222

Full Name (Last, First, Middle Initial) C. HARRIS TEETER		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 701 CRESTDALE RD		Amount of Each Disbursement this Period 59.27
City MATTHEWS	State NC Zip Code 28105-4274	
Purpose of Disbursement FOOD/BEVERAGE	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I7223

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. HARRIS TEETER		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 701 CRESTDALE RD		Amount of Each Disbursement this Period 193.52
City MATTHEWS	State NC	
Zip Code 28105-4274	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7224
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 4.27
City WAUSAU	State WI	
Zip Code 54401-8119	Purpose of Disbursement POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7232
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 22.95
City WAUSAU	State WI	
Zip Code 54401-8119	Purpose of Disbursement POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7233
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>17</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		17		2016
M M	/	D D	/	Y Y Y Y									
02		17		2016									
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WAUSAU</td> <td>WI</td> <td>54401-8119</td> </tr> </table>		City	State	Zip Code	WAUSAU	WI	54401-8119	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>25.40</td> </tr> </table>		Amount of Each Disbursement this Period	25.40		
City	State	Zip Code											
WAUSAU	WI	54401-8119											
Amount of Each Disbursement this Period													
25.40													
Purpose of Disbursement POSTAGE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7234											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>17</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		17		2016
M M	/	D D	/	Y Y Y Y									
02		17		2016									
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WAUSAU</td> <td>WI</td> <td>54401-8119</td> </tr> </table>		City	State	Zip Code	WAUSAU	WI	54401-8119	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>33.10</td> </tr> </table>		Amount of Each Disbursement this Period	33.10		
City	State	Zip Code											
WAUSAU	WI	54401-8119											
Amount of Each Disbursement this Period													
33.10													
Purpose of Disbursement POSTAGE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7235											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. VERIZON WIRELESS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>17</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		17		2016
M M	/	D D	/	Y Y Y Y									
02		17		2016									
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>LEHIGH VALLEY</td> <td>PA</td> <td>18002-5505</td> </tr> </table>		City	State	Zip Code	LEHIGH VALLEY	PA	18002-5505	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>171.07</td> </tr> </table>		Amount of Each Disbursement this Period	171.07		
City	State	Zip Code											
LEHIGH VALLEY	PA	18002-5505											
Amount of Each Disbursement this Period													
171.07													
Purpose of Disbursement PHONE SERVICE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7236											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. WALL STREET JOURNAL		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 1350 BROADWAY SUITE 2400		Amount of Each Disbursement this Period 41.81
City NEW YORK State NY Zip Code 10018	Purpose of Disbursement SUBSCRIPTION	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7238
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RIVER VALLEY BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address P.O. BOX 790408 #40		Amount of Each Disbursement this Period 7834.51
City ST. LOUIS State MO Zip Code 63179-4814	Purpose of Disbursement CREDIT CARD PAYMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7032
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. ACQUA AL 2		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 2600.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CATERING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7239
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7834.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 4333 AMON CARTER BLVD		Amount of Each Disbursement this Period 754.60
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I7241	

Full Name (Last, First, Middle Initial) B. BOINGO WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES	State CA	Zip Code 90024-3711
Purpose of Disbursement PHONE SERVICE	Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I7242	

Full Name (Last, First, Middle Initial) C. BOINGO WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES	State CA	Zip Code 90024-3711
Purpose of Disbursement PHONE SERVICE	Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I7243	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. BULLFEATHERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 410 FIRST STREET SE		Amount of Each Disbursement this Period 49.04
City WASHINGTON	State DC	
Zip Code 20003-1819	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7244
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period 21.50
City BROOKFIELD	State WI	
Zip Code 53005-2461	Purpose of Disbursement DELIVERY SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7247
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 12455 W CAPITOL DRIVE		Amount of Each Disbursement this Period 36.80
City BROOKFIELD	State WI	
Zip Code 53005-2461	Purpose of Disbursement DELIVERY SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7248
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FEDEX		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address 12455 W CAPITOL DRIVE		<input type="text"/> 03 / <input type="text"/> 04 / <input type="text"/> 2016
City	State	Zip Code
BROOKFIELD	WI	53005-2461
Purpose of Disbursement	Category/Type	
DELIVERY SERVICES	<input type="text"/>	
Candidate Name	Amount of Each Disbursement this Period	
	<input type="text"/> 36.80	
Office Sought:	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> House	Transaction ID : SB17.I7249	
<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)		Date of Disbursement
B. FEDEX		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address 12455 W CAPITOL DRIVE		<input type="text"/> 03 / <input type="text"/> 04 / <input type="text"/> 2016
City	State	Zip Code
BROOKFIELD	WI	53005-2461
Purpose of Disbursement	Category/Type	
DELIVERY SERVICES	<input type="text"/>	
Candidate Name	Amount of Each Disbursement this Period	
	<input type="text"/> 36.80	
Office Sought:	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> House	Transaction ID : SB17.I7250	
<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)		Date of Disbursement
C. GOIN POSTAL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address 607 S 24TH AVENUE SUITE 12		<input type="text"/> 03 / <input type="text"/> 04 / <input type="text"/> 2016
City	State	Zip Code
WAUSAU	WI	54401-5226
Purpose of Disbursement	Category/Type	
DELIVERY SERVICES	<input type="text"/>	
Candidate Name	Amount of Each Disbursement this Period	
	<input type="text"/> 8.85	
Office Sought:	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> House	Transaction ID : SB17.I7251	
<input type="checkbox"/> Senate		
<input type="checkbox"/> President		
Disbursement For:		
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text"/> 0.00
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 138 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. HOLIDAY INN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address CORPORATE ADDRESS 3 RAVINIA DRIVE SUITE 100		Amount of Each Disbursement this Period 150.19
City ATLANTA State GA Zip Code 30346	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I7253
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address CORPORATE ADDRESS 3 RAVINIA DRIVE SUITE 100		Amount of Each Disbursement this Period 155.69
City ATLANTA State GA Zip Code 30346	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I7254
State: District:		

Full Name (Last, First, Middle Initial) C. MINNEAPOLIS CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 729 2ND AVENUE SOUTH		Amount of Each Disbursement this Period 444.13
City MINNEAPOLIS State MN Zip Code 55402	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.I7258
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 151.90
City NAPERVILLE	State IL	
Zip Code 60563-1423	Purpose of Disbursement OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7260
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RISTORANTE TOSCA		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 1112 F STREET NW		Amount of Each Disbursement this Period 1911.65
City WASHINGTON	State DC	
Zip Code 20004-1308	Purpose of Disbursement CATERING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7262
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. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 2702 LOVE FIELD DRIVE		Amount of Each Disbursement this Period 8.00
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7265
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 2702 LOVE FIELD DRIVE		Amount of Each Disbursement this Period 17.24
City DALLAS State TX Zip Code 75235	Purpose of Disbursement TRAVEL	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7266
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TORTILLA COAST		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 400 FIRST ST SE		Amount of Each Disbursement this Period 637.34
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CATERING	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7268
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 1455 MARKET ST FL 4		Amount of Each Disbursement this Period 21.74
City SAN FRANCISCO State CA Zip Code 94103-1611	Purpose of Disbursement TRAVEL	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7269
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7270
City WAUSAU State WI Zip Code 54401-8119	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 184.11 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7271
City LEHIGH VALLEY State PA Zip Code 18002-5505	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WALL STREET JOURNAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address 1350 BROADWAY SUITE 2400		Amount of Each Disbursement this Period 41.81 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7272
City NEW YORK State NY Zip Code 10018	Purpose of Disbursement SUBSCRIPTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. RIVER VALLEY BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address P.O. BOX 790408 #40		Amount of Each Disbursement this Period 8396.00
City ST. LOUIS	State MO	
Zip Code 63179-4814	Purpose of Disbursement CREDIT CARD PAYMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I7033
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 4333 AMON CARTER BLVD		Amount of Each Disbursement this Period 399.10
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I7273
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. BOINGO WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 10960 WILSHIRE BOULEVARD SUITE 800		Amount of Each Disbursement this Period 9.95
City LOS ANGELES	State CA	
Zip Code 90024-3711	Purpose of Disbursement PHONE SERVICE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I7274
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8396.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. BULLFEATHERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 410 FIRST STREET SE		Amount of Each Disbursement this Period 630.50
City WASHINGTON	State DC	
Zip Code 20003-1819	Purpose of Disbursement CATERING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7275
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 2614.20
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CATERING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7276
State: District:		

Full Name (Last, First, Middle Initial) C. DUE SOUTH		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 301 WATER STREET SE		Amount of Each Disbursement this Period 1292.30
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CATERING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7277
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. GOGO AIR		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 1250 N ARLINGTON HEIGHTS RD		Amount of Each Disbursement this Period 17.95
City ITASCA State IL Zip Code 60143-1286	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7278
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELRESERVATIONS.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 400 1ST AVE		Amount of Each Disbursement this Period 339.04
City NEEDHAM State MA Zip Code 02494	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7280
State: District:		

Full Name (Last, First, Middle Initial) C. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 27-01 QUEENS PLAZA N		Amount of Each Disbursement this Period 367.10
City LONG ISLAND CITY State NY Zip Code 11101	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7281
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. OMNI HOTELS		Date of Disbursement MM / DD / YYYY 03 / 20 / 2016
Mailing Address 4001 MAPLE AVE		Amount of Each Disbursement this Period 275.88
City DALLAS	State TX Zip Code 75219	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. OMNI HOTELS		Date of Disbursement MM / DD / YYYY 03 / 20 / 2016
Mailing Address 4001 MAPLE AVE		Amount of Each Disbursement this Period 275.88
City DALLAS	State TX Zip Code 75219	
Purpose of Disbursement TRAVEL	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7284
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PREQUEL DC		Date of Disbursement MM / DD / YYYY 03 / 20 / 2016
Mailing Address 918 F ST NW		Amount of Each Disbursement this Period 573.00
City WASHINGTON	State DC Zip Code 20004	
Purpose of Disbursement CATERING	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7285
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SCONNI'S ALEHOUSE & EATERY		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 1239 SCHOFIELD AVE		Amount of Each Disbursement this Period 210.64
City SCHOFIELD State WI Zip Code 54476	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7286
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 2702 LOVE FIELD DRIVE		Amount of Each Disbursement this Period 59.74
City DALLAS State TX Zip Code 75235	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7287
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. THE SOURCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 575 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20565	Purpose of Disbursement CATERING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7288
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 171.30
City LEHIGH VALLEY	State PA Zip Code 18002-5505	
Purpose of Disbursement PHONE SERVICE	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I7289
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 120.63
City DUBLIN	State NH Zip Code 03444	
Purpose of Disbursement POSTAGE	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.I7034
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 1600.00
City DUBLIN	State NH Zip Code 03444	
Purpose of Disbursement POSTAGE	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.I7035
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1720.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 3000.00
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7036
State: District:		

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 609.00
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement PRINTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7037
State: District:		

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 750.00
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement PRINTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7038
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4359.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 750.00	
City DUBLIN	State NH	Zip Code 03444	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PRINTING		Candidate Name	Transaction ID : SB17.I7039	
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:		Category/Type		

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 831.16	
City DUBLIN	State NH	Zip Code 03444	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PRINTING		Candidate Name	Transaction ID : SB17.I7040	
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:		Category/Type		

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016	
Mailing Address P.O. BOX 254			Amount of Each Disbursement this Period 1762.80	
City DUBLIN	State NH	Zip Code 03444	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PRINTING		Candidate Name	Transaction ID : SB17.I7041	
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:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	3343.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 4375.75
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement PRINTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7042
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address P.O. BOX 254		Amount of Each Disbursement this Period 886.84
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement PRINTING / POSTAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7043
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. ST. CROIX COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016
Mailing Address P.O. BOX 452		Amount of Each Disbursement this Period 175.00
City HUDSON	State WI	
Zip Code 54016	Purpose of Disbursement REGISTRATION FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7044
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5437.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 0.76	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7045	
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) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 0.76	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7046	
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 1.09	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7047	
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 Disbursements This Page (optional).....	2.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 1.09
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7048
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 1.49
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7049
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 2.28
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7050
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 2.28
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7051
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 2.28
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7052
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 2.57
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7053
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 03 / 14 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 8,000.00 2.66	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7054	
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) B. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 02 / 24 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 8,000.00 2.98	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7055	
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. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 8,000.00 3.07	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7056	
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 Disbursements This Page (optional).....	8.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 4.56	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7057	
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) B. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 6.05	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7058	
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. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 8.20	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7059	
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 Disbursements This Page (optional).....	18.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 171			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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NAME OF COMMITTEE (In Full)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 02 / 05 / 2016		
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 8.20		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7060		
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) B. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 8.32		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7061		
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. STRIPE, INC.			Date of Disbursement MM / DD / YYYY 03 / 11 / 2016		
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 8.58		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.I7062		
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 Disbursements This Page (optional).....	25.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 8.90
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7063
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 11.87
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7064
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 20.05
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7065
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	40.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 24.30		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.I7066		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016		
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 28.25		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.I7067		
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016		
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 36.68		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type			
Candidate Name			Transaction ID : SB17.I7068		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	89.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 39.79
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 39.80
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 39.80
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	119.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 40.50
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7072
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 54.46
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7073
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 55.16
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7074
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 55.73
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 61.25
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7076
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. STRIPE, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 84.25
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7077
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	201.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 119.10	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.I7078	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 131.56	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.I7079	
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. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address 3180 18TH ST.			Amount of Each Disbursement this Period 203.45	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name			Transaction ID : SB17.I7080	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	454.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 163 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.		Date of Disbursement MM / DD / YYYY 03 / 28 / 2016
Mailing Address 3180 18TH ST.		Amount of Each Disbursement this Period 412.91
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7081
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SUN PRINTING		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address 1800 GRAND AVENUE		Amount of Each Disbursement this Period 1438.00
City WAUSAU	State WI	
Zip Code 54403	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7082
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. SUN PRINTING		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address 1800 GRAND AVENUE		Amount of Each Disbursement this Period 54.07
City WAUSAU	State WI	
Zip Code 54403	Purpose of Disbursement PRINTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1904.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. SUN PRINTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016
Mailing Address 1800 GRAND AVENUE		Amount of Each Disbursement this Period 6317.21
City WAUSAU State WI Zip Code 54403	Purpose of Disbursement PRINTING	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7084
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SWANSEN STRATEGIES, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016
Mailing Address 6902 WESTON RIDGE DR. #40		Amount of Each Disbursement this Period 3874.32
City WAUSAU State WI Zip Code 54402	Purpose of Disbursement FINANCAL CONSULTING	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7085
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE CONGRESSIONAL CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address 2001 NEW HAMPSHIRE AVE NW		Amount of Each Disbursement this Period 150.00
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement DUES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I7086
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	10341.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 OF 171	
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial)
A. THE CONGRESSIONAL CLUB

Mailing Address 2001 NEW HAMPSHIRE AVE NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement REGISTRATION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 22 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : SB17.I7087

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

Mailing Address P.O. BOX 2152

City MADISON State WI Zip Code 53701-2152

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 25 / 2016

Amount of Each Disbursement this Period: 10000.00

Memo Item

Transaction ID : SB17.I7088

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

Mailing Address P.O. BOX 505

City HARTLAND State WI Zip Code 53029

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2016

Amount of Each Disbursement this Period: 10.51

Memo Item

Transaction ID : SB17.I7089

SUBTOTAL of Disbursements This Page (optional) 10510.51

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 171			
	<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)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. VILLAGE GRAPHICS		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address P.O. BOX 505		Amount of Each Disbursement this Period 113.40
City HARTLAND	State WI	
Zip Code 53029	Purpose of Disbursement PRINTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7090
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VILLAGE GRAPHICS		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address P.O. BOX 505		Amount of Each Disbursement this Period 373.90
City HARTLAND	State WI	
Zip Code 53029	Purpose of Disbursement PRINTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I7091
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	487.30
TOTAL This Period (last page this line number only).....	140318.56

**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 167 OF 171			
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Duffy for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. NRCC		M M / D D / Y Y Y Y 03 / 15 / 2016	
Mailing Address 320 1ST STREET SE		Amount of Each Disbursement this Period	
City WASHINGTON State DC Zip Code 20003-1838		32000.00	
Purpose of Disbursement TRANSFER TO AUTHORIZED COMMITTE		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB18.I7110	
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)		Date of Disbursement	
B.		M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		Memo Item	
Purpose of Disbursement			
Candidate Name		Category/ Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

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

SUBTOTAL of Disbursements This Page (optional)	32000.00
TOTAL This Period (last page this line number only)	32000.00

**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 168 OF 171			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. RICHARD PAVELSKI		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address 1949 19TH PASS		Amount of Each Disbursement this Period 1600.00
City ARKDALE State WI Zip Code 54613	Purpose of Disbursement REFUND OF CONTRIBUTION	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB20A.I7119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	1600.00

**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 169 OF 171			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. COLLINS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address P.O. BOX 1295		Amount of Each Disbursement this Period 1000.00
City GAINSVILLE	State GA Zip Code 30503	
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		<input type="checkbox"/> Memo Item
Candidate Name DOUGLAS ALLEN COLLINS		Transaction ID : SB21.I7111
Office Sought: <input checked="" 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: GA District: 09	Category/Type	

Full Name (Last, First, Middle Initial) B. DOLD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address P.O. BOX 6312		Amount of Each Disbursement this Period 1000.00
City LIBERTYVILLE	State IL Zip Code 60048-2819	
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		<input type="checkbox"/> Memo Item
Candidate Name ROBERT JAMES DOLD JR.		Transaction ID : SB21.I7112
Office Sought: <input checked="" 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: IL District: 10	Category/Type	

Full Name (Last, First, Middle Initial) C. HUDSON FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2016
Mailing Address P.O. BOX 5053		Amount of Each Disbursement this Period 1000.00
City CONCORD	State NC Zip Code 28027	
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		<input type="checkbox"/> Memo Item
Candidate Name RICHARD L. HUDSON JR.		Transaction ID : SB21.I7113
Office Sought: <input checked="" 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: NC District: 08	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 171			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. JUSTIN GRABELLE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address P.O. BOX 187		Amount of Each Disbursement this Period 1000.00
City BROOKSVILLE	State FL	
Zip Code 34605	Purpose of Disbursement CONTRIBUTION TO COMMITTEE	<input type="checkbox"/> Memo Item
Candidate Name JUSTIN M GRABELLE	Category/Type	Transaction ID : SB21.I7114
Office Sought: <input checked="" 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: FL District: 11		

Full Name (Last, First, Middle Initial) B. MARTHA ROBY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address P.O. BOX 195		Amount of Each Disbursement this Period 2000.00
City MONTGOMERY	State AL	
Zip Code 36101	Purpose of Disbursement CONTRIBUTION TO COMMITTEE	<input type="checkbox"/> Memo Item
Candidate Name MARTHA ROBY	Category/Type	Transaction ID : SB21.I7115
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AL District: 02		

Full Name (Last, First, Middle Initial) C. MARTHA ROBY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address P.O. BOX 195		Amount of Each Disbursement this Period 2000.00
City MONTGOMERY	State AL	
Zip Code 36101	Purpose of Disbursement CONTRIBUTION TO COMMITTEE	<input type="checkbox"/> Memo Item
Candidate Name MARTHA ROBY	Category/Type	Transaction ID : SB21.I7116
Office Sought: <input checked="" 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: AL District: 02		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 171			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Duffy for Congress

Full Name (Last, First, Middle Initial) A. RENEE ELLMERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address P.O. BOX 99567		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City RALLEIGH	State NC	
Zip Code 27624		Transaction ID : SB21.I7117
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		
Candidate Name RENEE JACISIN ELLMERS		Category/ Type
Office Sought: <input checked="" 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: NC	District: 02	

Full Name (Last, First, Middle Initial) B. RENEE ELLMERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address P.O. BOX 99567		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City RALLEIGH	State NC	
Zip Code 27624		Transaction ID : SB21.I7118
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		
Candidate Name RENEE JACISIN ELLMERS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 02	

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

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	12000.00