

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

TOFT FOR CONGRESS

ADDRESS (number and street)

PO BOX 68

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

OSSEO

WI

53758

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00658807

3. IS THIS REPORT

NEW (N)

NEW (N)

OR

AMENDED (A)

AMENDED (A)

STATE DISTRICT

WI

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

January 31 Year-End Report (YE)

Termination Report (TER)

Termination Report (TER)

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

Primary (12P)

Primary (12P)

General (12G)

General (12G)

Runoff (12R)

Runoff (12R)

Convention (12C)

Convention (12C)

Special (12S)

Special (12S)

Election on

MM / DD / YYYY

in the State of

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

General (30G)

General (30G)

Runoff (30R)

Runoff (30R)

Special (30S)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 07 / 26 / 2018

through

MM / DD / YYYY 09 / 30 / 2018

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

Type or Print Name of Treasurer

LIND, KATE, , ,

Signature of Treasurer

LIND, KATE, , ,

[Electronically Filed]

Date

MM / DD / YYYY 10 / 15 / 2018

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

Table with 7 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**TOFT FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	61571.66	247239.68
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61571.66	247239.68
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	92487.92	214496.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	92487.92	214496.83
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	64242.85	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	30000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**TOFT FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55461.66	208388.41
(ii) Unitemized .....	5260.00	25434.93
(iii) TOTAL of contributions from individuals .....	60721.66	233823.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) The Candidate .....	850.00	3416.34
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61571.66	247239.68
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	1500.00	1500.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	63071.66	278739.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	92487.92	214496.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	92487.92	214496.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	93659.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63071.66
25. SUBTOTAL (add Line 23 and Line 24).....	156730.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92487.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	64242.85

**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 56  
(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)  
**TOFT FOR CONGRESS**

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

Mailing Address 151 FAIRWAY COURT

City ONALASKA State WI Zip Code 54650

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

Name of Employer GUNDERSEN HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 13 2018

Transaction ID : SA11AI.6483

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BERG, LAURENCE, , ,**

Mailing Address 151 FAIRWAY COURT

City ONALASKA State WI Zip Code 54650

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

Name of Employer GUNDERSEN HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 08 2018

Transaction ID : SA11AI.6516

Amount of Each Receipt this Period  
50.00

Memo Item CONTRIBUTION

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

Mailing Address N5219 MOOS ROAD

City WEST SALEM State WI Zip Code 54669

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

Name of Employer BRICKL BROTHERS Occupation OWNER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2018

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 56	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRUSH, CINDY, L, ,**

Mailing Address **W22660 SOBYE LANE**

City <b>GALESVILLE</b>	State <b>WI</b>	Zip Code <b>54630</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>BRUSH PROPERTIES, LLC</b>	Occupation <b>PRINCIPAL</b>
--	--------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6646.76**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 04 / 2018

**Transaction ID : SA11AI.6641**

Amount of Each Receipt this Period  

1448.92
---------

Memo Item  
In-kind - PRINTING

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

Mailing Address **W22660 SOBYE LANE**

City <b>GALESVILLE</b>	State <b>WI</b>	Zip Code <b>54630</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>EMPIRE SCREEN PRINTING</b>	Occupation <b>OWNER</b>
---	----------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5398.44**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 04 / 2018

**Transaction ID : SA11AI.6645**

Amount of Each Receipt this Period  

2699.22
---------

Memo Item  
In-kind - PRINTING

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

Mailing Address **N6781 JOHNSON COULEE ROAD**

City <b>HOLMEN</b>	State <b>WI</b>	Zip Code <b>54636</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>EMPIRE SCREEN PRINTING</b>	Occupation <b>PRINTING PROFESSIONAL</b>
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5398.44**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 04 / 2018

**Transaction ID : SA11AI.6643**

Amount of Each Receipt this Period  

2699.22
---------

Memo Item  
In-kind - PRINTING

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>6847.36</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6641

ELECTION CYCLE-TO-DATE IS \$5,397.84 -- FECFILE DUPLICATING 3/31/18 REDESIGNATION IN AGGREGATE CALCULATION.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLEARY, GAIL, K, ,**

Mailing Address **W4747 CEDAR ROAD**

City **LA CROSSE** State **WI** Zip Code **54601**

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

Name of Employer **CLEARY MANAGEMENT CORP** Occupation **EXECUTIVE**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1100.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 11 2018**

**Transaction ID : SA11AI.6477**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**CLEMONS, ARLA, M, ,**

Mailing Address **1208 HERITAGE COURT**

City **LA CROSSE** State **WI** Zip Code **54601**

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 09 2018**

**Transaction ID : SA11AI.6435**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **W519 PINE BLUFF ROAD**

City **LA CROSSE** State **WI** Zip Code **54601**

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2088.68**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 13 2018**

**Transaction ID : SA11AI.6638**

Amount of Each Receipt this Period  
**2088.68**

Memo Item  
**In-kind - EVENT FOOD**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2838.68**

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



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

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

FOR LINE NUMBER: PAGE 9 OF 56  
(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)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CONNELLY, MARK, V., , M.D.**

Mailing Address **W5419 PINE BLUFF ROAD**

City **LACROSSE** State **WI** Zip Code **54601**

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

Name of Employer **GUNDERSEN LUTHERAN** Occupation **PHYSICIAN**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

Date of Receipt  
**08 / 09 / 2018**

**Transaction ID : SA11AI.6437**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**CONNELLY, MARK, V., , M.D.**

Mailing Address **W5419 PINE BLUFF ROAD**

City **LACROSSE** State **WI** Zip Code **54601**

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

Name of Employer **GUNDERSEN LUTHERAN** Occupation **PHYSICIAN**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2250.00**

Date of Receipt  
**08 / 09 / 2018**

**Transaction ID : SA11AI.6439**

Amount of Each Receipt this Period  
**750.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**CONNELLY, MARK, V., , M.D.**

Mailing Address **W5419 PINE BLUFF ROAD**

City **LACROSSE** State **WI** Zip Code **54601**

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

Name of Employer **GUNDERSEN LUTHERAN** Occupation **PHYSICIAN**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

Date of Receipt  
**09 / 26 / 2018**

**Transaction ID : SA11AI.6548**

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)..... ▶

**1250.00**

**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 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAHL, EVA, C., , D.D.S.**

Mailing Address 800 COUNTRY CLUB LANE

City ONALASKA State WI Zip Code 54650

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

Name of Employer ENODONTIC SPECIALISTS Occupation DENTIST

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2018

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DANNEKER, JOHN, R., ,**

Mailing Address P.O. BOX 38

City MAIDEN ROCK State WI Zip Code 54750

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2018

Transaction ID : SA11AI.6484

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

Mailing Address N5729 COUNTY ROAD QQ

City PRESCOTT State WI Zip Code 54021

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2018

Transaction ID : SA11AI.6446

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HUBBARD, KAREN, H, ,**

Mailing Address **3415 UNIVERSITY AVENUE**

City **SAINT PAUL** State **MN** Zip Code **55114**

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

Name of Employer **EXECUTIVE** Occupation **HUBBARD BROADCASTING**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 19 / 2018**

**Transaction ID : SA11AI.6530**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**IHLE, DAVID, P, ,**

Mailing Address **512 FRANCES AVENUE**

City **HUDSON** State **MN** Zip Code **54016**

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

Name of Employer **NATIONAL BUSINESS SYSTEMS** Occupation **PRESIDENT**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2200.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 / 09 / 2018**

**Transaction ID : SA11AI.6453**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **512 FRANCES AVENUE**

City **HUDSON** State **MN** Zip Code **54016**

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

Name of Employer **NATIONAL BUSINESS SYSTEMS** Occupation **PRESIDENT**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4200.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 / 29 / 2018**

**Transaction ID : SA11AI.6503**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **4800.00**

**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 12 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JACOBS, AUTUM, , ,**  
Mailing Address **W22927 FOX COULEE ROAD**

City <b>GALESVILLE</b>	State <b>WI</b>	Zip Code <b>54630</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>EMPIRE SCREEN PRINTING</b>	Occupation <b>PRINTING PROFESSIONAL</b>
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5398.44**

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

**Transaction ID : SA11AI.6649**

Amount of Each Receipt this Period  
**2699.22**

Memo Item  
In-kind - **PRINTING**

**B.** Full Name (Last, First, Middle Initial)  
**JACOBS, CODY, , ,**  
Mailing Address **W22927 FOX COULEE ROAD**

City <b>GALESVILLE</b>	State <b>WI</b>	Zip Code <b>54630</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>EMPIRE SCREEN PRINTING</b>	Occupation <b>PRINTING PROFESSIONAL</b>
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3288.76**

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

**Transaction ID : SA11AI.6647**

Amount of Each Receipt this Period  
**778.18**

Memo Item  
In-kind - **PRINTING**

**C.** Full Name (Last, First, Middle Initial)  
**JONES, JEFFREY, R, ,**  
Mailing Address **5985 N SHORE DRIVE**

City <b>EAU CLAIRE</b>	State <b>WI</b>	Zip Code <b>54703</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>ORAL &amp; MAXILLOFACIAL ASSOC.</b>	Occupation <b>ORAL SURGEON</b>
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4042.35**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2018**

**Transaction ID : SA11AI.6553**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>4477.40</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

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

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KAISER, KIMBERLEE, , ,**

Mailing Address 19676 BLUFFVIEW PLACE

City GALESVILLE State WI Zip Code 54630

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

Name of Employer EMPIRE SCREEN PRINTING Occupation PRINTING PROFESSIONAL

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5398.44

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

Transaction ID : SA11AI.6651

Amount of Each Receipt this Period  
2699.22

Memo Item  
In-kind - PRINTING

**B.** Full Name (Last, First, Middle Initial)  
**KING, KAREN, , ,**

Mailing Address 2240 DUBAY DRIVE

City MOSINEE State WI Zip Code 54455

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
299.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : SA11AI.6603

Amount of Each Receipt this Period  
99.00

Memo Item  
CONTRIBUTION

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

Mailing Address 244 E LARKSPUR LANE

City ONALASKA State WI Zip Code 54650

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : SA11AI.6610

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5498.22

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

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

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

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

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LUDINGTON, PATRICIA, A., ,**

Mailing Address 244 E LARKSPAR LANE

City ONALASKA State WI Zip Code 54650

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2018

Transaction ID : SA11AI.6635

Amount of Each Receipt this Period  
2700.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARKQUART, JOHN, R., ,**

Mailing Address 1844 COMMERCIAL BOULEVARD

City CHIPPEWA FALLS State WI Zip Code 54729

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

Name of Employer MARKQUART MOTORS Occupation DEALER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 30 2018

Transaction ID : SA11AI.6612

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 7718 MICKELSON COURT

City NAPLES State FL Zip Code 34113

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

Name of Employer CHOICE PRODUCTS Occupation MANAGING PARTNER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 26 2018

Transaction ID : SA11AI.6558

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3950.00

**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 15 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MOTZING, DONALD, W., ,**  
Mailing Address 404 GILBERT AVENUE

City EAU CLAIRE	State WI	Zip Code 54701
--------------------	-------------	-------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2018

Transaction ID : SA11AI.6561

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NASVIK, NANCY, , ,**  
Mailing Address 360 INDIGO TRAIL

City RIVER FALLS	State WI	Zip Code 54022
---------------------	-------------	-------------------

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

Name of Employer SELF	Occupation HOME BUILDING
--------------------------	-----------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 09 / 2018

Transaction ID : SA11AI.6463

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NASVIK, NANCY, , ,**  
Mailing Address 360 INDIGO TRAIL

City RIVER FALLS	State WI	Zip Code 54022
---------------------	-------------	-------------------

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

Name of Employer SELF	Occupation HOME BUILDING
--------------------------	-----------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : SA11AI.6613

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NEWCOMER, KERMIT, , ,**

Mailing Address **N2028 WEDGEWOOD DRIVE E**

City **LA CROSSE** State **WI** Zip Code **54601**

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1050.00**

Date of Receipt  
**08 / 09 / 2018**

**Transaction ID : SA11AI.6464**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**NOHRE, DIRK, S, ,**

Mailing Address **4228 SOUTHTOWNE DRIVE**

City **EAU CLAIRE** State **WI** Zip Code **54701**

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

Name of Employer **SECURITY FINANCIAL** Occupation **BANKING**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 30 / 2018**

**Transaction ID : SA11AI.6615**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **2137 PINE GROVE ROAD**

City **PLATTEVILLE** State **WI** Zip Code **53818**

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

Name of Employer **SELF** Occupation **COMMERCIAL BROKER**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 30 / 2018**

**Transaction ID : SA11AI.6617**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1050.00**

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



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

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

FOR LINE NUMBER: PAGE 17 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**OLSON, TIMOTHY, , ,**

Mailing Address 2727 PINE VIEW ROAD

City EAU CLAIRE State WI Zip Code 54703

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2018

Transaction ID : SA11AI.6533

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PABICH, TIMOTHY, , ,**

Mailing Address 6176 188TH ST

City CHIPPEWA FALLS State WI Zip Code 54729

FEC ID number of contributing federal political committee. C

Name of Employer 1958 Occupation DEVELOPER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 06 / 2018

Transaction ID : SA11AI.6515

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 11222 HIGHWAY 18

City PRAIRIE DU CHIEN State WI Zip Code 53821

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : SA11AI.6621

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 18 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RIDENOUR, ROBERT, V, , JR**

Mailing Address 4312 WOODRIDGE DRIVE

City EAU CLAIRE State WI Zip Code 54701

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

Name of Employer PSC Occupation MD

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : SA11AI.6622

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROONEY, KAREN, , ,**

Mailing Address 12/10 90TH AVE

City CHIPPEWA FALLS State WI Zip Code 54729

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 05 / 2018

Transaction ID : SA11AI.6509

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3221 STEIN BOULEVARD

City EAU CLAIRE State WI Zip Code 54701

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

Name of Employer PLASTIC SURGERY CLINIC Occupation MD

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2018

Transaction ID : SA11AI.6567

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 19 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SCHAMBOW, JOSEPH, , ,**

Mailing Address 5467 SOUTHWEST ROAD

City PLATTEVILLE State WI Zip Code 53818

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation AGRICULTURE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2018

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period  
1000.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCHOEDER, SELBA, J., ,**

Mailing Address W7250 170TH AVENUE

City BAY CITY State WI Zip Code 54723

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 09 / 2018

Transaction ID : SA11AI.6472

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

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

Mailing Address 2621 FROSTWOODS STREET

City EAU CLAIRE State WI Zip Code 54703

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : SA11AI.6629

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

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

Mailing Address 853 COUNTRY CLUB LANE

City ONALASKA State WI Zip Code 54650

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

Name of Employer PARK BANK Occupation EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : SA11AI.6498

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SKAAR, DARYL, , ,**

Mailing Address 637 GALAHAD ROAD N

City HUDSON State WI Zip Code 54016

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 29 / 2018

Transaction ID : SA11AI.6505

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address 23218 STATE HIGHWAY 56

City RICHLAND CENTER State WI Zip Code 53581

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 19 / 2018

Transaction ID : SA11AI.6535

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 56  
(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)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STELLRECHT, JOAN, , ,**

Mailing Address 231 HORMAN BLVD

City ONALASKA	State WI	Zip Code 54650
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF	Occupation PROPERTY RENTALS
--------------------------	--------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  350.00

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6574**

Amount of Each Receipt this Period  
 ,  ,  250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SZYMBORSKI, PATRICIA, , ,**

Mailing Address N4392 1130TH STREET

City PRESCOTT	State WI	Zip Code 54021
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  250.00

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6474**

Amount of Each Receipt this Period  
 ,  ,  250.00

Memo Item  
CONTRIBUTION

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

Mailing Address 941 VIOLET AVENUE

City EAU CLAIRE	State WI	Zip Code 54701
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  295.00

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6575**

Amount of Each Receipt this Period  
 ,  ,  100.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 600.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 22 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WIEDENHOEFT, BRADLEY, , ,**

Mailing Address **W18425 LUND ROAD**

City **STRUM** State **WI** Zip Code **54770**

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

Name of Employer **SOURCECUT** Occupation **BUSINESS OWNER**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3700.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2018**

**Transaction ID : SA11AI.6631**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**WIESER, DANIEL, J, ,**

Mailing Address **W3322 390TH AVENUE**

City **MAIDEN ROCK** State **WI** Zip Code **54750**

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

Name of Employer **CONSTRUCTION MANAGEMENT** Occupation **CONSTRUCTION**

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**5400.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2018**

**Transaction ID : SA11AI.6510**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address **W3322 390TH AVENUE**

City **MAIDEN ROCK** State **WI** Zip Code **54750**

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**4000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 05 / 2018**

**Transaction ID : SA11AI.6511**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **6400.00**

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

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

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

FOR LINE NUMBER: PAGE 23 OF 56  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILKIE, LEIGHTON, J., ,**

Mailing Address 811 S SECOND STREET

City ALMA State WI Zip Code 54610

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 11 / 2018

Transaction ID : SA11AI.6480

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ZIETLOW, DONALD, , ,**

Mailing Address PO BOX 1625

City LA CROSSE State WI Zip Code 54602

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

Name of Employer KWIK TRIP INC Occupation COB

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : SA11AI.6634

Amount of Each Receipt this Period  
1400.00

Memo Item CONTRIBUTION

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

Mailing Address PO BOX 1625

City LA CROSSE State WI Zip Code 54602

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

Transaction ID : SA11AI.6502

Amount of Each Receipt this Period  
2700.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	55461.66

# 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 56	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TOFT, STEVE, , ,**

Mailing Address 13213 THOMAS STREET

City OSSEO	State WI	Zip Code 54758
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8WI03103

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
33416.34

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 14 / 2018

**Transaction ID : SA11D.6656**

Amount of Each Receipt this Period  
850.00

Memo Item  
In-kind - PRINTING

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 25 OF 56	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**TOFT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EAU CLAIRE COUNTY REPUBLICAN PARTY**

Mailing Address PO BOX 325

City EAU CLAIRE	State WI	Zip Code 54702
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA15.6523**

Amount of Each Receipt this Period

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN PARTY OF PIERCE COUNTY**

Mailing Address W6575 630TH AVENUE

City BELDENVILLE	State WI	Zip Code 54003
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA15.6582**

Amount of Each Receipt this Period

Memo Item  
CONTRIBUTION

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

Mailing Address

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

FEC ID number of contributing federal political committee.

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1500.00"/>

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

Form/Schedule: SA15

Transaction ID : SA15.6523

FED PERMISSIBLE FUNDS

Form/Schedule: SA15

Transaction ID: SA15.6582

FED PERMISSIBLE FUNDS

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 51.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type	Transaction ID : SB17.6352	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 2430.47	
Purpose of Disbursement PAYROLL EXPENSES		Category/ Type	Transaction ID : SB17.6353	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. COYLE, ETHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 1158.36	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6353.0	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2481.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCCLAIN, TODD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018	
Mailing Address 1431 CUMMINGS AVENUE			FEC Identification Number C	
City EAU CLAIRE	State WI	Zip Code 54701	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6353.1	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ROCQUE, THOMAS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 628.43	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6353.2	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL TAX		Category/ Type	Transaction ID : SB17.6354	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	643.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56			
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2018		
Mailing Address 140 FELL COURT			FEC Identification Number C		
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 1090.60		
Purpose of Disbursement PAYROLL TAX		Category/ Type	Transaction ID : SB17.6356		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018		
Mailing Address 140 FELL COURT			FEC Identification Number C		
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 2430.46		
Purpose of Disbursement PAYROLL EXPENSES		Category/ Type	Transaction ID : SB17.6360		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. COYLE, ETHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018		
Mailing Address PO BOX 68			FEC Identification Number C		
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 1158.36		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6360.0		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3521.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCCLAIN, TODD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018	
Mailing Address 1431 CUMMINGS AVENUE			FEC Identification Number C	
City EAU CLAIRE	State WI	Zip Code 54701	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6360.1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ROCQUE, THOMAS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 628.42	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6360.2	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL EXPENSES		Category/ Type	Transaction ID : SB17.6361	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	643.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2018
Mailing Address 140 FELL COURT		FEC Identification Number C
City HAUPPAUGE	State NY	Zip Code 11788
Purpose of Disbursement PAYROLL PROCESSING FEE		Amount of Each Disbursement this Period 51.50
Candidate Name		Transaction ID : SB17.6362
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2018
Mailing Address 140 FELL COURT		FEC Identification Number C
City HAUPPAUGE	State NY	Zip Code 11788
Purpose of Disbursement PAYROLL TAX		Amount of Each Disbursement this Period 1081.80
Candidate Name		Transaction ID : SB17.6363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018
Mailing Address 140 FELL COURT		FEC Identification Number C
City HAUPPAUGE	State NY	Zip Code 11788
Purpose of Disbursement PAYROLL EXPENSES		Amount of Each Disbursement this Period 1873.34
Candidate Name		Transaction ID : SB17.6369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3006.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COYLE, ETHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 416.72	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6369.0	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MCCLAIN, TODD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018	
Mailing Address 1431 CUMMINGS AVENUE			FEC Identification Number C	
City EAU CLAIRE	State WI	Zip Code 54701	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6369.1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ROCQUE, THOMAS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 812.94	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6369.2	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56			
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018		
Mailing Address 140 FELL COURT			FEC Identification Number C		
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 643.68		
Purpose of Disbursement PAYROLL TAX		Category/ Type	Transaction ID : SB17.6370		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018		
Mailing Address 140 FELL COURT			FEC Identification Number C		
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 51.50		
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type	Transaction ID : SB17.6371		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018		
Mailing Address 140 FELL COURT			FEC Identification Number C		
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 809.98		
Purpose of Disbursement PAYROLL TAX		Category/ Type	Transaction ID : SB17.6377		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1505.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 1873.34	
Purpose of Disbursement PAYROLL EXPENSES		Category/ Type	Transaction ID : SB17.6390	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. COYLE, ETHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 416.72	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6390.0	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MCCLAIN, TODD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address 1431 CUMMINGS AVENUE			FEC Identification Number C	
City EAU CLAIRE	State WI	Zip Code 54701	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6390.1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1873.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ROCQUE, THOMAS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 812.94	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6390.2	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL TAX		Category/ Type	Transaction ID : SB17.6391	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 51.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type	Transaction ID : SB17.6392	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	695.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 779.48	
Purpose of Disbursement PAYROLL TAX		Category/ Type	Transaction ID : SB17.6396	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 1873.34	
Purpose of Disbursement PAYROLL EXPENSES		Category/ Type	Transaction ID : SB17.6403	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. COYLE, ETHAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 416.72	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6403.0	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2652.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCCLAIN, TODD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018	
Mailing Address 1431 CUMMINGS AVENUE			FEC Identification Number C	
City EAU CLAIRE	State WI	Zip Code 54701	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6403.1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ROCQUE, THOMAS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018	
Mailing Address PO BOX 68			FEC Identification Number C	
City OSSEO	State WI	Zip Code 53758	Amount of Each Disbursement this Period 812.94	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.6403.2	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 643.68	
Purpose of Disbursement PAYROLL DEDUCTIONS		Category/ Type	Transaction ID : SB17.6404	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	643.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2018	
Mailing Address 140 FELL COURT			FEC Identification Number C	
City HAUPPAUGE	State NY	Zip Code 11788	Amount of Each Disbursement this Period 51.50	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/Type	Transaction ID : SB17.6405	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ASPECT CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2018	
Mailing Address 8401 EXCELSIOR DR			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 3150.00	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type	Transaction ID : SB17.6355	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ASPECT CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2018	
Mailing Address 8401 EXCELSIOR DR			FEC Identification Number C	
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 1005.00	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type	Transaction ID : SB17.6380	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4206.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BRUSH, CINDY, L, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address W22660 SOBYE LANE			FEC Identification Number C	
City GALESVILLE	State WI	Zip Code 54630	Amount of Each Disbursement this Period 1448.92	
Purpose of Disbursement In-kind - PRINTING		Category/ Type	Transaction ID : SB17.6642	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BRUSH, JIM, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address W22660 SOBYE LANE			FEC Identification Number C	
City GALESVILLE	State WI	Zip Code 54630	Amount of Each Disbursement this Period 2699.22	
Purpose of Disbursement In-kind - PRINTING		Category/ Type	Transaction ID : SB17.6646	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BRUSH, TRAVIS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address N6781 JOHNSON COULEE ROAD			FEC Identification Number C	
City HOLMEN	State WI	Zip Code 54636	Amount of Each Disbursement this Period 2699.22	
Purpose of Disbursement In-kind - PRINTING		Category/ Type	Transaction ID : SB17.6644	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6847.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56			
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CONNELLY, JEANNE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018		
Mailing Address W519 PINE BLUFF ROAD			FEC Identification Number C		
City LA CROSSE	State WI	Zip Code 54601	Amount of Each Disbursement this Period 2088.68		
Purpose of Disbursement In-kind - EVENT FOOD		Category/ Type	Transaction ID : SB17.6640		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. DAN MORSE CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2018		
Mailing Address 5205 BARTON ROAD			FEC Identification Number C		
City MADISON	State WI	Zip Code 53711	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.6364		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. DAN MORSE CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2018		
Mailing Address 5205 BARTON ROAD			FEC Identification Number C		
City MADISON	State WI	Zip Code 53711	Amount of Each Disbursement this Period 2881.95		
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.6365		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7970.63
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LA CROSSE MAIL &amp; PRINT</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2018	
Mailing Address 1501 ST ANDREWS ST			FEC Identification Number C	
City LA CROSSE	State WI	Zip Code 54603	Amount of Each Disbursement this Period 2881.95	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.6365.0	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DAN MORSE CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2018	
Mailing Address 5205 BARTON ROAD			FEC Identification Number C	
City MADISON	State WI	Zip Code 53711	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.6373	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. DAN MORSE CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2018	
Mailing Address 5205 BARTON ROAD			FEC Identification Number C	
City MADISON	State WI	Zip Code 53711	Amount of Each Disbursement this Period 340.94	
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.6374	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3340.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LA CROSSE MAIL &amp; PRINT</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2018	
Mailing Address 1501 ST ANDREWS ST			FEC Identification Number C	
City LA CROSSE	State WI	Zip Code 54603	Amount of Each Disbursement this Period 340.94	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.6374.0	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EMPIRE PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2018	
Mailing Address N5206 MARCO ROAD			FEC Identification Number C	
City ONALASKA	State WI	Zip Code 54650	Amount of Each Disbursement this Period 7729.60	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.6367	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FLADEBOE, DAVID, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2018	
Mailing Address 10 N LIVINGSTON ST			FEC Identification Number C	
City MADISON	State WI	Zip Code 53705	Amount of Each Disbursement this Period 336.52	
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.6375	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8066.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. MILEAGE</b>		M M / D D / Y Y Y Y 08 / 27 / 2018	
Mailing Address		FEC Identification Number	
City		C	
State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement MILEAGE REIMBURSEMENT		305.76	
Candidate Name		Transaction ID : SB17.6375.0	
Office Sought:	Disbursement For: 2018	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. USPS</b>		M M / D D / Y Y Y Y 07 / 09 / 2018	
Mailing Address 155 E OAK ST		FEC Identification Number	
City		C	
State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement POSTAGE		10.00	
Candidate Name		Transaction ID : SB17.6375.1	
Office Sought:	Disbursement For: 2018	<input checked="" type="checkbox"/> Memo Item	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. JACOBS, AUTUM, , ,</b>		M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address W22927 FOX COULEE ROAD		FEC Identification Number	
City		C	
State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement In-kind - PRINTING		2699.22	
Candidate Name		Transaction ID : SB17.6650	
Office Sought:	Disbursement For: 2018	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2699.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JACOBS, CODY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address W22927 FOX COULEE ROAD			FEC Identification Number C	
City GALESVILLE	State WI	Zip Code 54630	Amount of Each Disbursement this Period 778.18	
Purpose of Disbursement In-kind - PRINTING		Category/ Type	Transaction ID : SB17.6648	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. KAISER, KIMBERLEE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2018	
Mailing Address 19676 BLUFFVIEW PLACE			FEC Identification Number C	
City GALESVILLE	State WI	Zip Code 54630	Amount of Each Disbursement this Period 2699.22	
Purpose of Disbursement In-kind - PRINTING		Category/ Type	Transaction ID : SB17.6652	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MAGNUM BROADCASTING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2018	
Mailing Address PO BOX 118			FEC Identification Number C	
City WEST BEND	State WI	Zip Code 53095	Amount of Each Disbursement this Period 4570.68	
Purpose of Disbursement MEDIA - RADIO		Category/ Type	Transaction ID : SB17.6384	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8048.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCCLAIN, TODD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2018	
Mailing Address 1431 CUMMINGS AVENUE			FEC Identification Number C	
City EAU CLAIRE	State WI	Zip Code 54701	Amount of Each Disbursement this Period 544.25	
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/Type	Transaction ID : SB17.6376	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MILEAGE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2018	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period 440.12	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/Type	Transaction ID : SB17.6376.0	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PERSUASION PARTNERS INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2018	
Mailing Address 106 E DOTY STREET			FEC Identification Number C	
City MADISON	State WI	Zip Code 53703	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement DIRECT MAIL		Category/Type	Transaction ID : SB17.6358	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2044.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PERSUASION PARTNERS INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2018	
Mailing Address 106 E DOTY STREET			FEC Identification Number C	
City MADISON	State WI	Zip Code 53703	Amount of Each Disbursement this Period 4600.00	
Purpose of Disbursement EMAIL MARKETING		Category/ Type	Transaction ID : SB17.6381	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PERSUASION PARTNERS INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018	
Mailing Address 106 E DOTY STREET			FEC Identification Number C	
City MADISON	State WI	Zip Code 53703	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.6393	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 0.50	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.6357	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9600.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 1.48	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6359	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 221.00	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6368	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 26.23	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6378	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	248.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56			
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2018		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 50.73		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6379		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2018		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 2.70		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6382		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2018		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 2.70		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6385		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	56.13
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 5.65	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6394	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 5.15	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6395	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 1.48	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.6399	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RAISE THE MONEY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2018	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 5.15	
Purpose of Disbursement CREDIT CARD PROCESSING FEE			Transaction ID : SB17.6402	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. TOFT, STEVE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2018	
Mailing Address 13213 THOMAS STREET			FEC Identification Number C H8WI03103	
City OSSEO	State WI	Zip Code 54758	Amount of Each Disbursement this Period 850.00	
Purpose of Disbursement In-kind - PRINTING			Transaction ID : SB17.6657	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 03				

Full Name (Last, First, Middle Initial) <b>C. VICTORY STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2018	
Mailing Address PO BOX 2152			FEC Identification Number C	
City MADISON	State WI	Zip Code 53701	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement STRATEGY CONSULTING			Transaction ID : SB17.6351	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5855.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 56			
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VICTORY STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2018	
Mailing Address PO BOX 2152			FEC Identification Number C	
City MADISON	State WI	Zip Code 53701	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.6372	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. VICTORY STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2018	
Mailing Address PO BOX 2152			FEC Identification Number C	
City MADISON	State WI	Zip Code 53701	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.6406	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WIZM</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018	
Mailing Address PO BOX 99			FEC Identification Number C	
City LA CROSSE	State WI	Zip Code 54602	Amount of Each Disbursement this Period 2352.00	
Purpose of Disbursement MEDIA - RADIO		Category/ Type	Transaction ID : SB17.6387	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12352.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 56	
	<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)  
**TOFT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WRDN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2018
Mailing Address 114 W MAIN STREET		FEC Identification Number C
City DURAND	State WI	Zip Code 54736
Purpose of Disbursement MEDIA - RADIO		Amount of Each Disbursement this Period 660.00
Candidate Name		Transaction ID : SB17.6389
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WSAU RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2018
Mailing Address 557 SCOTT STREET		FEC Identification Number C
City WAUSAU	State WI	Zip Code 54403
Purpose of Disbursement MEDIA - RADIO		Amount of Each Disbursement this Period 1761.20
Candidate Name		Transaction ID : SB17.6401
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WVRQ/WQPC RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2018
Mailing Address E7601A COUNTY ROAD SS		FEC Identification Number C
City VIROQUA	State WI	Zip Code 54665
Purpose of Disbursement MEDIA - RADIO		Amount of Each Disbursement this Period 991.64
Candidate Name		Transaction ID : SB17.6398
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3412.84
<b>TOTAL</b> This Period (last page this line number only).....▶	92427.92

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

NAME OF COMMITTEE (In Full) **TOFT FOR CONGRESS** Transaction ID : **SC/10.4318**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) TOFT, STEVE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13213 THOMAS STREET			
City OSSEO	State WI	ZIP Code 54758	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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<b>TERMS</b>	Date Incurred M 10 / D 16 / Y 2017	Date Due M / D / Y 12/31/2028	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **TOFT FOR CONGRESS** Transaction ID : **SC/10.4319**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) TOFT, STEVE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13213 THOMAS STREET			
City OSSEO	State WI	ZIP Code 54758	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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<b>TERMS</b>	Date Incurred M 12 / D 28 / Y 2017	Date Due M / D / Y 12/31/2028	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **TOFT FOR CONGRESS** Transaction ID : **SC/10.4624**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) TOFT, STEVE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13213 THOMAS STREET			
City OSSEO	State WI	ZIP Code 54758	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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<b>TERMS</b>	Date Incurred M 02 / D 21 / Y 2018	Date Due M M / D D / Y 12/31/2028	Interest Rate (If none, enter 0) 9.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **TOFT FOR CONGRESS** Transaction ID : **SC/10.4625**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) TOFT, STEVE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13213 THOMAS STREET			
City OSSEO	State WI	ZIP Code 54758	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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<b>TERMS</b>	Date Incurred M 03 / D 14 / Y 2018	Date Due M M / D D / Y 12/31/2028	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	30000.00

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