

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Republican Party of Wisconsin

ADDRESS (number and street) 148 E. Johnson Street  
 Check if different than previously reported. (ACC)  
Madison WI 53703

2. **FEC IDENTIFICATION NUMBER** C00074450  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2007 through 10 31 2007

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 Cathy Stepp

Signature of Treasurer Electronically Filed by Cathy Stepp Date 11 19 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		4485.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	95236.44									
(c) Total Receipts (from Line 19) .....	85023.13	1033180.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	180259.57	1037666.12								
7. Total Disbursements (from Line 31) .....	100812.55	958219.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	79447.02	79447.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	27700.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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**

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27425.00	290676.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	56775.50	677783.35
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	84200.50	968459.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	50648.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	84200.50	1019107.35
12. Transfers From Affiliated/Other Party Committees .....	0.00	1569.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	822.63	12504.36
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	85023.13	1033180.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	85023.13	1033180.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1633.22	19101.62
(ii) Non-Federal Share.....	9255.02	85483.36
(b) Other Federal Operating Expenditures.....	35223.35	275250.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	46111.59	379835.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	7000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2500.00
(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 28(a), (b), and (c)) .....	0.00	2500.00
29. Other Disbursements.....	0.00	1650.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	54700.96	567233.85
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	54700.96	567233.85
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	100812.55	958219.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	91557.53	872735.74

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	84200.50	1019107.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84200.50	1016607.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36856.57	294351.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	822.63	12504.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36033.94	281847.53

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Alfred Anding

Mailing Address 4921 Tonyawatha Trail

City State Zip Code  
Monona WI 53716

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.29688

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Harvey Baird

Mailing Address 601 Spruce Drive

City State Zip Code  
Hudson WI 54016

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

Name of Employer A.I.W. Occupation Anesthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.29685

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 1810 Wedgewood Dr. East

City State Zip Code  
Elm Grove WI 53122

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

Name of Employer Francisian Shared Lab Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.29690

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Randall Biebel

Mailing Address 1568 Sarah Ct.

City State Zip Code  
Suamico WI 54173

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

Name of Employer Occupation  
Belson Co. V.P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2007

Transaction ID: SA11A1.29676

Amount of Each Receipt this Period  
200.00

Best efforts compliance

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Dennis Christiansen

Mailing Address 2221 E. Glendale Ave

City State Zip Code  
Milwaukee WI 53211

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2007

Transaction ID: SA11A1.29694

Amount of Each Receipt this Period  
300.00

Contribution

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

Mailing Address 3658 Brandywood Court

City State Zip Code  
Sun Prairie WI 53590

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

Name of Employer Occupation  
PR of China Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 10 / 2007

Transaction ID: SA11A1.29695

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address PO Box 201 8043

City State Zip Code  
Madison WI 53708-8043

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

Transaction ID: SA11A1.29671

Amount of Each Receipt this Period  
1000.00

Best efforts compliance

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Brian Connelly

Mailing Address 975 Pioneer Ct

City State Zip Code  
Waukesha WI 53186

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

Name of Employer Information Requested Occupation Information Requested  
Gilsbar, Inc. Director - Product Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2007

Transaction ID: SA11A1.29674

Amount of Each Receipt this Period  
500.00

Best efforts compliance

**[MEMO ITEM]**

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

Mailing Address 11445 N Solar Ave

City State Zip Code  
Mequon WI 53592

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

Name of Employer Information Requested Occupation Information Requested  
Crane Mfg Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 10 / 2007

Transaction ID: SA11A1.29696

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Robert Cowles

Mailing Address 2424 Ducharme Ln.

City State Zip Code  
Green Bay WI 54301

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2007

Transaction ID: SA11A1.29697

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mike Crowley

Mailing Address 4949 W Brown Deer Rd

City State Zip Code  
Brown Deer WI 53223

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

Name of Employer Bank Mutual Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2007

Transaction ID: SA11A1.29679

Amount of Each Receipt this Period  
250.00

Best efforts compliance

[MEMO ITEM]

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

Mailing Address 17 Fuller Drive

City State Zip Code  
Madison WI 53704

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2007

Transaction ID: SA11A1.29702

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Christine Fleissner

Mailing Address 2878 N 73rd St

City State Zip Code  
Milwaukee WI 53210-1006

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

Name of Employer Assurant Health Occupation Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11A1.29675

Amount of Each Receipt this Period  
200.00

Best efforts compliance

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Forest Co Potawatami

Mailing Address Po Box 340

City State Zip Code  
crandon WI 54520

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 02 / 2007

Transaction ID: SA11A1.29703

Amount of Each Receipt this Period  
3500.00

Contribution

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

Mailing Address 4564 Broadway St

City State Zip Code  
Manitowoc WI 54220

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

Name of Employer Aurora Medical Group Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2007

Transaction ID: SA11A1.29681

Amount of Each Receipt this Period  
250.00

Best efforts compliance

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Gilbert Freymiller

Mailing Address 740 Biarritz Blvd

City State Zip Code  
Platteville WI 53818

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.29704

Amount of Each Receipt this Period  
100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Bruce Fritz

Mailing Address 308 W Cherry St

City State Zip Code  
Lancaster WI 53813

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

Name of Employer Tricor Insurance Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.29680

Amount of Each Receipt this Period  
150.00

Best efforts compliance

**[MEMO ITEM]**

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

Mailing Address W340 N5347 Road O

City State Zip Code  
Nashotah WI 53058

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

Name of Employer Precision Gears Occupation Sec't Treasury

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.29705

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Judy Gitchel

Mailing Address 867 Sheffield Ct

City Nekoosa State WI Zip Code 54457

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.29707

Amount of Each Receipt this Period  
 150.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
William Haker

Mailing Address 7616 N Links Way

City Fox Point State WI Zip Code 53217

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.29669

Amount of Each Receipt this Period  
 200.00

Best efforts compliance

**[MEMO ITEM]**

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

Mailing Address 948 Hanson Drive

City River Falls State WI Zip Code 54022

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.29709

Amount of Each Receipt this Period  
 100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Maureen Harder

Mailing Address 441 Wildwood Rdg

City State Zip Code  
Colgate WI 53017

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

Name of Employer none Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2007

Transaction ID: SA11A1.29710

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Hegwood

Mailing Address S79 W36855 Wilton Road

City State Zip Code  
Eagle WI 53119

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

Name of Employer CCI Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2007

Transaction ID: SA11A1.29714

Amount of Each Receipt this Period  
100.00

Contribution

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

Mailing Address 2501 N Parker Drive

City State Zip Code  
Janesville WI 53545

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

Name of Employer ABC Supply Company, Inc Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2007

Transaction ID: SA11A1.29719

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth Hendricks Mailing Address 2501 N. Parker Drive City Janesville State WI Zip Code 53545 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.29720 Amount of Each Receipt this Period 5000.00 Contribution
Name of Employer: ABC Supply Co., Inc. Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 5000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Karen King Mailing Address 3508 N Edgewood Dr City Janesville State WI Zip Code 53545 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.29682 Amount of Each Receipt this Period 250.00 Best efforts compliance
Name of Employer: N/A Occupation: N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: .00 <b>[MEMO ITEM]</b>		

<b>C.</b> Full Name (Last, First, Middle Initial) Edith Kraus Mailing Address 2701 Sunset Blvd #1 City Stevens Point State WI Zip Code 54481 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.29728 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer: Retired Occupation: Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 575.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Charles La Bahn

Mailing Address PO Box 503

City State Zip Code  
Grafton WI 53024

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

Name of Employer Occupation  
Orion Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2007

Transaction ID: SA11A1.29730

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 1409 State Road 23

City State Zip Code  
Dodgeville WI 53533

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

Name of Employer Occupation  
Walnut Hollow President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2007

Transaction ID: SA11A1.29732

Amount of Each Receipt this Period  
100.00

Contribution

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

Mailing Address 6225 Mineral Point Rd

City State Zip Code  
Madison WI 53705

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2007

Transaction ID: SA11A1.29735

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Christopher Magiera

Mailing Address 1506 Pine View Ln

City State Zip Code  
Wausau WI 54403

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

Name of Employer Occupation  
GI Associates SC Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.29737

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Martin

Mailing Address W8485 Trillium Ln

City State Zip Code  
Antigo WI 54409

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

Name of Employer Occupation  
Allied Insurance Center Insurance Sales

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.29738

Amount of Each Receipt this Period  
25.00

Contribution

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

Mailing Address 8600 Corporate Dr #6

City State Zip Code  
Racine WI 53406

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

Name of Employer Occupation  
N/A retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.29739

Amount of Each Receipt this Period  
200.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	725.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. George Moss</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7	
Mailing Address 9993 W North Ave #340		Transaction ID: SA11A1.29744	
City State Zip Code Milwaukee WI 53226	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Western State Envelope Executive	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. J Robert Nicholson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7	
Mailing Address 5626 Steeplechase Dr		Transaction ID: SA11A1.29746	
City State Zip Code Waunakee WI 53597	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Zimpro Inc Sales Manager	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Kenneth Opitz</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 4521 Fox Bluff Lane		Transaction ID: SA11A1.29751	
City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Opitz Realty Real Estate	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Dorothy Owen

Mailing Address 137 Canterbury Road

City State Zip Code  
Eau Claire WI 54701

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

Name of Employer N/A Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.29752

Amount of Each Receipt this Period  
350.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Parker

Mailing Address 1380 W Wisconsin Ave Apt 117

City State Zip Code  
Oconomowoc WI 53066

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.29753

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address W5313 Boma Road

City State Zip Code  
La Crosse WI 54601

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.29754

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Ralph Prescott

Mailing Address 1889 Maple Heights Beach

City State Zip Code  
Chilton WI 53014

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

Name of Employer N/A Occupation Stay at home dad

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2007

Transaction ID: SA11A1.29673

Amount of Each Receipt this Period  
500.00

Best efforts compliance

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Maurice Reese

Mailing Address 713 Lakewood Boulevard

City State Zip Code  
Madison WI 53704

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

Name of Employer Retired Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 10 / 2007

Transaction ID: SA11A1.29762

Amount of Each Receipt this Period  
1250.00

Contribution

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

Mailing Address 6565 N Green Bay Rd, Apt 104

City State Zip Code  
Milwaukee WI 53209

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2007

Transaction ID: SA11A1.29678

Amount of Each Receipt this Period  
200.00

Best efforts compliance

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Paul Schierl

Mailing Address PO Box 1564

City State Zip Code  
Green Bay WI 54305

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2007

Transaction ID: SA11A1.29770

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Schmitz

Mailing Address 500 E Juniper Ct

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ .00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2007

Transaction ID: SA11A1.29672

Amount of Each Receipt this Period  
250.00

Best efforts compliance

[MEMO ITEM]

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

Mailing Address 7312 Douglas Ave Box 396

City State Zip Code  
Racine WI 53402

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

Name of Employer Occupation  
Merit Gear Gear Maker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2007

Transaction ID: SA11A1.29778

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
John Sensenbrenner

Mailing Address 909 East Forest Avenue

City Neenah State WI Zip Code 54956

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.29780

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Arthur Smith

Mailing Address 740 East Bay Pint Road

City Milwaukee State WI Zip Code 53217

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

Name of Employer Smith Investment Co Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.29781

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address PO Box 50

City Minocqua State WI Zip Code 54548

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

Name of Employer TA Solberg Company, Inc Occupation Grocer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.29782

Amount of Each Receipt this Period  
1250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Gilbert Stannard

Mailing Address PO Box 288

City Ephraim State WI Zip Code 54211

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.29783

Amount of Each Receipt this Period  
 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Richard Straus

Mailing Address 5653 Steeplechase Dr

City Waunakee State WI Zip Code 53597

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

Name of Employer Straus Printing Company Occupation Printer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.29784

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 268 Green Bay Rd

City Cedarburg State WI Zip Code 53012

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.29670

Amount of Each Receipt this Period  
 250.00

Best efforts compliance

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Gordon Veldboom

Mailing Address 325 S. 6th Street

City State Zip Code  
Oostburg WI 53070

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

Name of Employer Occupation  
Oostburg Concrete Product Owner/Pres.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.29787

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
James Wigdale

Mailing Address 6424 N Lake Drive

City State Zip Code  
Milwaukee WI 53217

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

Name of Employer Occupation  
Marshall & Isley Bank Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.29788

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address W7641 Walleye Way

City State Zip Code  
Minong WI 54859

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

Name of Employer Occupation  
C.D.M. Tool & Manufacturing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.29789

Amount of Each Receipt this Period  
150.00

Contribution

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Brent Wogahn

Mailing Address 3702 Timber Trails Ct

City Eau Claire State WI Zip Code 54701

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

Name of Employer Evergreen Surgical Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 .00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	0	7

Transaction ID: SA11A1.29677

Amount of Each Receipt this Period  
 200.00

Best efforts compliance

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Edward Zore

Mailing Address 2505 W Dean Road

City River Hills State WI Zip Code 53217

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

Name of Employer Northwestern Mutual Life Occupation Sr. VP/Invest

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	1	/	2	0	0	7

Transaction ID: SA11A1.29790

Amount of Each Receipt this Period  
 500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value=""/> 500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/> 27425.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Mailing Address P.O. Box 5066

City	State	Zip Code
Milwaukee	WI	53201-5066

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2188.52

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: SA15.29786

Amount of Each Receipt this Period  
822.63

Business reply mail postage reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	822.63
<b>TOTAL</b> This Period (last page this line number only) .....	▶	822.63

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Advantage</b>		<b>Transaction ID:</b> SB21B.29590 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1611 N. Kent Street, STE 905		Amount of Each Disbursement this Period 227.92
City Arlington State VA Zip Code 22209	Purpose of Disbursement Party building phone calls - not FEA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. American Express Merchant Services</b>		<b>Transaction ID:</b> SB21B.29560 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit card processing fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. American Express Merchant Services</b>		<b>Transaction ID:</b> SB21B.29564 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 149.57
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement credit card processing fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	381.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. APC</b>		<b>Transaction ID:</b> SB21B.29643 <b>Date of Disbursement</b> 10 / 31 / 2007
Mailing Address 6470 East Johns Crossing Suite 100		Amount of Each Disbursement this Period 46.35
City Duluth State GA Zip Code 30097	Purpose of Disbursement Conference calls	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.29644 <b>Date of Disbursement</b> 10 / 31 / 2007
Mailing Address PO Box 9001309		Amount of Each Disbursement this Period 2362.96
City Louisville State KY Zip Code 40290-1309	Purpose of Disbursement Long distance phones	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Barrington Worldwide LLC</b>		<b>Transaction ID:</b> SB21B.29555 <b>Date of Disbursement</b> 10 / 08 / 2007
Mailing Address PO Box 19057		Amount of Each Disbursement this Period 1514.56
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Speaking fee and expenses	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3923.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A. Best Buy</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2452 E Springs Dr</p> <p>City Madison State WI Zip Code 53704</p> <p>Purpose of Disbursement Computer software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB21B.29543</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="170.89"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>[MEMO ITEM]</b></p>
<p>Category/Type</p>		

<p><b>B. Capital Newspapers</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 8759</p> <p>City Madison State WI Zip Code 53708</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB21B.29593</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="409.30"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>
<p>Category/Type</p>		

<p><b>C. FLS-DCI</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2401 W Behrend Drive STE 7</p> <p>City Phoenix State AZ Zip Code 85027</p> <p>Purpose of Disbursement Telemarketing prosp calls - not FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB21B.29610</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4638.85"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>
<p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5048.15"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Great Dane Brewery</b>		<b>Transaction ID:</b> SB21B.29650 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 123 E Doty St		Amount of Each Disbursement this Period 79.69
City Madison State WI Zip Code 53703	[MEMO ITEM]	
Purpose of Disbursement Staff lunches		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Heartland Litho</b>		<b>Transaction ID:</b> SB21B.29594 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 2087 Atwood Avenue		Amount of Each Disbursement this Period 675.04
City Madison State WI Zip Code 53704	Category/ Type	
Purpose of Disbursement Envelopes and labels		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Heartland Litho</b>		<b>Transaction ID:</b> SB21B.29603 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 2087 Atwood Avenue		Amount of Each Disbursement this Period 37.13
City Madison State WI Zip Code 53704	Category/ Type	
Purpose of Disbursement Labels		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	712.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Heinzen Printing Inc.</b>		<b>Transaction ID: SB21B.29595</b> Date of Disbursement 10 / 15 / 2007	
Mailing Address P.O. Box 267		Amount of Each Disbursement this Period 821.04	
City Marshfield State WI Zip Code 54449	Purpose of Disbursement Printing costs - not FEA	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Hilton - Alexandria</b>		<b>Transaction ID: SB21B.29651</b> Date of Disbursement 09 / 29 / 2007	
Mailing Address 5000 Seminary Road		Amount of Each Disbursement this Period 902.09	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Staff hotel room	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Hyatt Hotels Indianapolis</b>		<b>Transaction ID: SB21B.29547</b> Date of Disbursement 09 / 08 / 2007	
Mailing Address 1 South Capitol Avenue		Amount of Each Disbursement this Period 673.90	
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement Staff hotel rooms - not FEA	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	821.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Ian's Pizza</b>		Transaction ID: SB21B.29542 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 319 North Frances St		Amount of Each Disbursement this Period 40.98
City Madison State WI Zip Code 53703	[MEMO ITEM]	
Purpose of Disbursement Staff lunches		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank Credit Card Processing Center</b>		Transaction ID: SB21B.29551 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address PO Box 3052		Amount of Each Disbursement this Period 10.42
City Milwaukee State WI Zip Code 53201	[MEMO ITEM]	
Purpose of Disbursement credit card finance charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Bank Credit Card Processing Center</b>		Transaction ID: SB21B.29549 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address PO Box 3052		Amount of Each Disbursement this Period 10.78
City Milwaukee State WI Zip Code 53201	[MEMO ITEM]	
Purpose of Disbursement credit card finance charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Bank Credit Card Processing Center</b>		<b>Transaction ID:</b> SB21B.29550 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address PO Box 3052		Amount of Each Disbursement this Period 25.00  <b>[MEMO ITEM]</b>
City Milwaukee State WI Zip Code 53201		
Purpose of Disbursement Credit card late payment charge	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank Credit Card Processing Center</b>		<b>Transaction ID:</b> SB21B.29540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 7
Mailing Address PO Box 3052		Amount of Each Disbursement this Period 1424.94
City Milwaukee State WI Zip Code 53201		
Purpose of Disbursement Credit card payment - see memo entries	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Bank Credit Card Processing Center</b>		<b>Transaction ID:</b> SB21B.29648 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address PO Box 3052		Amount of Each Disbursement this Period 1100.99
City Milwaukee State WI Zip Code 53201		
Purpose of Disbursement Credit card payment - see memo entries	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2525.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID: SB21B.29668</b> Date of Disbursement 10 / 12 / 2007
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 40.00
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID: SB21B.29536</b> Date of Disbursement 10 / 13 / 2007
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 35.00
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID: SB21B.29565</b> Date of Disbursement 10 / 13 / 2007
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 80.74
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	155.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID:</b> SB21B.29619 <b>Date of Disbursement</b> 10 / 30 / 2007
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 368.58
City Madison State WI Zip Code 53705	Purpose of Disbursement Interest on LOC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID:</b> SB21B.29655 <b>Date of Disbursement</b> 10 / 31 / 2007
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 368.58
City Madison State WI Zip Code 53705	Purpose of Disbursement Interest on LOC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Merchant Services</b>		<b>Transaction ID:</b> SB21B.29561 <b>Date of Disbursement</b> 10 / 10 / 2007
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 322.18
City Madison State WI Zip Code 53705	Purpose of Disbursement credit card processing fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1059.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Merchant Services</b>		<b>Transaction ID:</b> SB21B.29665	
Mailing Address P.O. Box 5920		Date of Disbursement 10 / 10 / 2007	
City Madison	State WI	Zip Code 53705	Amount of Each Disbursement this Period 12.95
Purpose of Disbursement credit card processing fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Parmentier's Ninth Street Floral</b>		<b>Transaction ID:</b> SB21B.29553	
Mailing Address 1369 9th St		Date of Disbursement 07 / 16 / 2007	
City Green Bay	State WI	Zip Code 54304	Amount of Each Disbursement this Period 68.51
Purpose of Disbursement Gift		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Paypal, Inc.</b>		<b>Transaction ID:</b> SB21B.29552	
Mailing Address #774100, 4100 Solutions Center		Date of Disbursement 07 / 12 / 2007	
City Chicago	State IL	Zip Code 60677-4001	Amount of Each Disbursement this Period 19.95
Purpose of Disbursement Credit card processing fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	12.95
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Paypal, Inc.</b>		Transaction ID: SB21B.29541 Date of Disbursement 08 / 14 / 2007	
Mailing Address #774100, 4100 Solutions Center		Amount of Each Disbursement this Period 19.95	
City Chicago	State IL	Zip Code 60677-4001	Category/ Type
Purpose of Disbursement Credit card processing fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Paypal, Inc.</b>		Transaction ID: SB21B.29649 Date of Disbursement 09 / 13 / 2007	
Mailing Address #774100, 4100 Solutions Center		Amount of Each Disbursement this Period 19.95	
City Chicago	State IL	Zip Code 60677-4001	Category/ Type
Purpose of Disbursement credit card processing fees			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. PostMaster</b>		Transaction ID: SB21B.29596 Date of Disbursement 10 / 15 / 2007	
Mailing Address PO Box 7005		Amount of Each Disbursement this Period 1000.00	
City Madison	State WI	Zip Code 53707	Category/ Type
Purpose of Disbursement Business reply mail postage			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Regency Florist</b>		<b>Transaction ID:</b> SB21B.29653 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
Mailing Address 2221 E Capitol Dr		Amount of Each Disbursement this Period 99.26  <b>[MEMO ITEM]</b>
City Milwaukee State WI Zip Code 53211		
Purpose of Disbursement Gift Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mary Stitt</b>		<b>Transaction ID:</b> SB21B.29666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1478 Noridge Trail		Amount of Each Disbursement this Period 1500.00
City Port Washington State WI Zip Code 53074		
Purpose of Disbursement Fundraising consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mary Stitt</b>		<b>Transaction ID:</b> SB21B.29667 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 1478 Noridge Trail		Amount of Each Disbursement this Period 1500.00
City Port Washington State WI Zip Code 53074		
Purpose of Disbursement Fundraising consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. TMobile</b>		Transaction ID: SB21B.29544 Date of Disbursement 09 / 05 / 2007	
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 39.96	
City Albuquerque State NM Zip Code 87176	Purpose of Disbursement Wireless internet Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Unisource Direct</b>		Transaction ID: SB21B.29537 Date of Disbursement 10 / 01 / 2007	
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 2259.75	
City Madison State WI Zip Code 53718	Purpose of Disbursement Finance mailing - not FEA Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Unisource Direct</b>		Transaction ID: SB21B.29599 Date of Disbursement 10 / 15 / 2007	
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 6671.92	
City Madison State WI Zip Code 53718	Purpose of Disbursement Finance mailing - not FEA Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8931.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.29606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 1863.00
City Madison State WI Zip Code 53718	Purpose of Disbursement Finance mailing - not FEA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.29612 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 3037.50
City Madison State WI Zip Code 53718	Purpose of Disbursement Postage for finance mailing - not FEA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.29663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 2000.00
City Madison State WI Zip Code 53718	Purpose of Disbursement Finance mailing - not FEA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6900.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. United Air</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Staff Airfare to DC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.29546</b> Date of Disbursement 09 / 06 / 2007 Amount of Each Disbursement this Period 344.60 <b>[MEMO ITEM]</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------

<b>B. Windway Capital Corp</b> Full Name (Last, First, Middle Initial) Mailing Address 630 Riverfront Drive #200 City Sheboygan State WI Zip Code 53082 Purpose of Disbursement List development Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B.29562</b> Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 500.00
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>34973.35</b>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. American Funds Service Company</b>		<b>Transaction ID:</b> SB30B.29563	
Mailing Address PO Box 6164		Date of Disbursement 10 / 12 / 2007	
City Indianapolis	State IN	Zip Code 46206	Amount of Each Disbursement this Period 864.15
Purpose of Disbursement Employee simple IRA		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Funds Service Company</b>		<b>Transaction ID:</b> SB30B.29617	
Mailing Address PO Box 6164		Date of Disbursement 10 / 30 / 2007	
City Indianapolis	State IN	Zip Code 46206	Amount of Each Disbursement this Period 819.54
Purpose of Disbursement Employee simple IRA		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. APC</b>		<b>Transaction ID:</b> SB30B.29591	
Mailing Address 6470 East Johns Crossing Suite 100		Date of Disbursement 10 / 15 / 2007	
City Duluth	State GA	Zip Code 30097	Amount of Each Disbursement this Period 30.29
Purpose of Disbursement Conference calls		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1713.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Dudley Bowlby</b>		<b>Transaction ID:</b> SB30B.29578 <b>Date of Disbursement</b> 10 / 15 / 2007
Mailing Address 250 Femrite Drive		Amount of Each Disbursement this Period 779.66
City Madison State WI Zip Code 53716	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dudley Bowlby</b>		<b>Transaction ID:</b> SB30B.29631 <b>Date of Disbursement</b> 10 / 31 / 2007
Mailing Address 250 Femrite Drive		Amount of Each Disbursement this Period 715.76
City Madison State WI Zip Code 53716	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Matthew Brabender</b>		<b>Transaction ID:</b> SB30B.29579 <b>Date of Disbursement</b> 10 / 15 / 2007
Mailing Address 3914 Rieder Road #1		Amount of Each Disbursement this Period 595.78
City Madison State WI Zip Code 53704	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2091.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Matthew Brabender</b> Full Name (Last, First, Middle Initial) Mailing Address 3914 Rieder Road #1 City Madison State WI Zip Code 53704 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29632</b> Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 605.76 Category/Type
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<b>B. Dean Care</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 88610 City Milwaukee State WI Zip Code 53288 Purpose of Disbursement Health insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29613</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 2905.17 Category/Type
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<b>C. Delta Dental</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 828 City Stevens Point State WI Zip Code 54481 Purpose of Disbursement Dental insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29614</b> Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 470.41 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3981.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Dept. of Workforce Development</b>		<b>Transaction ID:</b> SB30B.29611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address PO Box 78960		Amount of Each Disbursement this Period 661.42
City Milwaukee State WI Zip Code 53278	Purpose of Disbursement Unemployment taxes	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Richard Dickie</b>		<b>Transaction ID:</b> SB30B.29580 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period 1155.06
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Richard Dickie</b>		<b>Transaction ID:</b> SB30B.29633 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period 1140.06
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2956.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Jason Gammeter		<b>Transaction ID:</b> SB30B.29581 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 367 East Monroe St		Amount of Each Disbursement this Period 66.01
City Wyocena State WI Zip Code 53969	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Jason Gammeter		<b>Transaction ID:</b> SB30B.29634 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 367 East Monroe St		Amount of Each Disbursement this Period 18.58
City Wyocena State WI Zip Code 53969	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Guardian		<b>Transaction ID:</b> SB30B.29615 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address PO Box 95101		Amount of Each Disbursement this Period 390.65
City Chicago State IL Zip Code 60694	Purpose of Disbursement Life insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	475.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Donna Heimbach</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3002 Dianne Drive</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB30B.29582</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="784.44"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B.</b> Donna Heimbach</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3002 Dianne Drive</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB30B.29635</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="432.14"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C.</b> IRS</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Payment Center</p> <p>City Kansas City State MO Zip Code 64999</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB30B.29588</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5959.64"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="7176.22"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Mark Jefferson</b>		<b>Transaction ID:</b> SB30B.29566 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 1678 Cottonville Avenue		Amount of Each Disbursement this Period 2648.59
City Arkdale State WI Zip Code 54613	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mark Jefferson</b>		<b>Transaction ID:</b> SB30B.29620 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 1678 Cottonville Avenue		Amount of Each Disbursement this Period 2578.56
City Arkdale State WI Zip Code 54613	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Juston Johnson</b>		<b>Transaction ID:</b> SB30B.29567 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 820 Williamson Street		Amount of Each Disbursement this Period 1308.66
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6535.81</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Juston Johnson		<b>Transaction ID:</b> SB30B.29621 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 820 Williamson Street		Amount of Each Disbursement this Period 1310.67
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Kyle Johnson		<b>Transaction ID:</b> SB30B.29568 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 210 N Charter #504		Amount of Each Disbursement this Period 167.97
City Madison State WI Zip Code 53715	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Kyle Johnson		<b>Transaction ID:</b> SB30B.29622 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 210 N Charter #504		Amount of Each Disbursement this Period 164.50
City Madison State WI Zip Code 53715	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1643.14

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Brian Kind</b>		<b>Transaction ID: SB30B.29569</b> Date of Disbursement 10 / 15 / 2007	
Mailing Address 6403 Alison Ln		Amount of Each Disbursement this Period 1620.91	
City Madison State WI Zip Code 53711	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Brian Kind</b>		<b>Transaction ID: SB30B.29623</b> Date of Disbursement 10 / 31 / 2007	
Mailing Address 6403 Alison Ln		Amount of Each Disbursement this Period 1625.89	
City Madison State WI Zip Code 53711	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kirsten Kukowski</b>		<b>Transaction ID: SB30B.29570</b> Date of Disbursement 10 / 15 / 2007	
Mailing Address 3029 Maple Valley Drive #201		Amount of Each Disbursement this Period 1153.27	
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4400.07</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Kirsten Kukowski</b> Full Name (Last, First, Middle Initial) Mailing Address 3029 Maple Valley Drive #201 City Madison State WI Zip Code 53719 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29625</b> Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 1203.82 Category/Type
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<b>B. Larry Loomis</b> Full Name (Last, First, Middle Initial) Mailing Address 3157 Muir Field Road #47 City Madison State WI Zip Code 53719 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29583</b> Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 497.90 Category/Type
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<b>C. Larry Loomis</b> Full Name (Last, First, Middle Initial) Mailing Address 3157 Muir Field Road #47 City Madison State WI Zip Code 53719 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29636</b> Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 565.73 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2267.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Megan C Marshall</b>		<b>Transaction ID:</b> SB30B.29571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 505 University Ave, Apt 504		Amount of Each Disbursement this Period 212.09
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Megan C Marshall</b>		<b>Transaction ID:</b> SB30B.29626 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 505 University Ave, Apt 504		Amount of Each Disbursement this Period 221.50
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kathryn Mize</b>		<b>Transaction ID:</b> SB30B.29572 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 414 N Livingston Street #2		Amount of Each Disbursement this Period 1734.06
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2167.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Kathryn Mize</b>		Transaction ID: SB30B.29627 Date of Disbursement 10 / 31 / 2007	
Mailing Address 414 N Livingston Street #2		Amount of Each Disbursement this Period 1736.05	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sherrie Osegard</b>		Transaction ID: SB30B.29573 Date of Disbursement 10 / 15 / 2007	
Mailing Address 2346 Talc Trail #208		Amount of Each Disbursement this Period 970.32	
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sherrie Osegard</b>		Transaction ID: SB30B.29628 Date of Disbursement 10 / 31 / 2007	
Mailing Address 2346 Talc Trail #208		Amount of Each Disbursement this Period 980.61	
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3686.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Scott Poole</b>		<b>Transaction ID:</b> SB30B.29584 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period 302.36
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Scott Poole</b>		<b>Transaction ID:</b> SB30B.29637 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period 356.50
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Karoline Rezin</b>		<b>Transaction ID:</b> SB30B.29574 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 5329 Old Middleton Rd, Apt. 202		Amount of Each Disbursement this Period 1061.83
City Madison State WI Zip Code 53705	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1720.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Karoline Rezin</b> Full Name (Last, First, Middle Initial) Mailing Address 5329 Old Middleton Rd, Apt. 202 City Madison State WI Zip Code 53705 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29629</b> Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 1101.65 Category/Type
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------

<b>B. Nicole Ruzinski</b> Full Name (Last, First, Middle Initial) Mailing Address 7230 N 107th St City Milwaukee State WI Zip Code 53224 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29630</b> Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 155.78 Category/Type
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------

<b>C. James Sanders</b> Full Name (Last, First, Middle Initial) Mailing Address 4510 Texas Trail City Madison State WI Zip Code 53704 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.29585</b> Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 610.68 Category/Type
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1868.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. James Sanders</b>		<b>Transaction ID:</b> SB30B.29638 Date of Disbursement 10 / 31 / 2007
Mailing Address 4510 Texas Trail		Amount of Each Disbursement this Period 603.49
City Madison State WI Zip Code 53704	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Charles Triller</b>		<b>Transaction ID:</b> SB30B.29586 Date of Disbursement 10 / 15 / 2007
Mailing Address 609 East Gorham St #14		Amount of Each Disbursement this Period 594.57
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Charles Triller</b>		<b>Transaction ID:</b> SB30B.29639 Date of Disbursement 10 / 31 / 2007
Mailing Address 609 East Gorham St #14		Amount of Each Disbursement this Period 555.23
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1753.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Joshua Wilson</b>		<b>Transaction ID:</b> SB30B.29587 Date of Disbursement 10 / 15 / 2007
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period 648.82
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joshua Wilson</b>		<b>Transaction ID:</b> SB30B.29640 Date of Disbursement 10 / 31 / 2007
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period 638.11
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wisc. Dept of Revenue</b>		<b>Transaction ID:</b> SB30B.29589 Date of Disbursement 10 / 15 / 2007
Mailing Address PO Box 93208		Amount of Each Disbursement this Period 1186.44
City Milwaukee State WI Zip Code 53293	Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2473.37</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Wisc. Dept of Revenue</b>		<b>Transaction ID:</b> SB30B.29616 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7
Mailing Address PO Box 93208		Amount of Each Disbursement this Period 343.47
City Milwaukee State WI Zip Code 53293	Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wisc. Dept of Revenue</b>		<b>Transaction ID:</b> SB30B.29642 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address PO Box 93208		Amount of Each Disbursement this Period 1152.11
City Milwaukee State WI Zip Code 53293	Category/ Type	
Purpose of Disbursement Payroll taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1495.58

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

54643.82

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Transaction ID: SC/10.6376

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

M&I Bank of Southern Wisconsin

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address P.O. Box 5920

City Madison State WI ZIP Code 53705

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	106000.00	4000.00

**TERMS**

Date Incurred: MM/01 DD/09 YY/20 YY/02 Date Due: 04/30/08 Interest Rate: 8.25 % (apr) Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>4000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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 3X)**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Transaction ID: SC/10.10726

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

M&I Bank of Southern Wisconsin

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address P.O. Box 5920

City Madison State WI ZIP Code 53705

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
34000.00	10300.00	23700.00

**TERMS**

Date Incurred: M M 1 2, D D 3 1, Y Y Y Y 2 0 0 3  
Date Due: 4/30/08  
Interest Rate: 8.25 % (apr)  
Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>23700.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>27700.00</b>

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

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Gordon Flesch Company  
**Mailing Address**  
PO Box 992  
**City State Zip Code**  
Madison WI 53701  
**Purpose of Disbursement:**  
Copier toner  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
93927.94  
**Date** 10 / 04 / 2007  
**Transaction ID:** H4.29538

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.68		196.52		231.20

**B. Full Name (Last, First, Middle Initial)**  
JaMark & Associates LLC  
**Mailing Address**  
PO Box 722  
**City State Zip Code**  
Cedarburg WI 53012  
**Purpose of Disbursement:**  
Zip code software  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
95716.17  
**Date** 10 / 04 / 2007  
**Transaction ID:** H4.29539

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
268.23		1520.00		1788.23

**C. Full Name (Last, First, Middle Initial)**  
Grant Greenfield  
**Mailing Address**  
2910 Hoard Street #4  
**City State Zip Code**  
Madison WI 53704  
**Purpose of Disbursement:**  
Tree removal  
**Activity or Event Identifier:**  
Administrative

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
96454.67  
**Date** 10 / 08 / 2007  
**Transaction ID:** H4.29557

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.77		627.73		738.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
413.68		2344.25		2757.93

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> GFC Leasing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1129			Allocated Activity or Event Year-To-Date 97012.72	
City Madison	State WI	Zip Code 53701	Date <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Copier lease			Transaction ID: H4.29559	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
83.71		474.34		558.05

<b>B. Full Name (Last, First, Middle Initial)</b> Badgerland Chemical & Supply			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 620303			Allocated Activity or Event Year-To-Date 97289.42	
City Middleton	State WI	Zip Code 53562	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Janitorial supplies			Transaction ID: H4.29592	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.50		235.20		276.70

<b>C. Full Name (Last, First, Middle Initial)</b> Pro One Janitorial Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1486 Kenwood Center			Allocated Activity or Event Year-To-Date 97789.42	
City Menasha	State WI	Zip Code 54952	Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>	
Purpose of Disbursement: Cleaning service			Transaction ID: H4.29597	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.00		425.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.21		1134.54		1334.75

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> Token Storage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 131			Allocated Activity or Event Year-To-Date 98299.42	
City DeForest	State WI	Zip Code 53532	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> H4.29598	
Purpose of Disbursement: Storage				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.50		433.50		510.00

<b>B. Full Name (Last, First, Middle Initial)</b> Waste Management			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 9001505			Allocated Activity or Event Year-To-Date 98334.42	
City Louisville	State KY	Zip Code 40290	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> H4.29600	
Purpose of Disbursement: Waste removal				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.25		29.75		35.00

<b>C. Full Name (Last, First, Middle Initial)</b> West Bend Mutual Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1900 South 18th Ave			Allocated Activity or Event Year-To-Date 99391.17	
City West Bent	State WI	Zip Code 53095	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> H4.29601	
Purpose of Disbursement: Building insurance				
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.51		898.24		1056.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
240.26		1361.49		1601.75

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
TDS Metrocom

Mailing Address  
PO Box 1010

City State Zip Code  
Monroe WI 53566

Purpose of Disbursement:  
Phone service

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100213.38

Date 10 / 17 / 2007

Transaction ID: H4.29604

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
123.33		698.88		822.21

**B. Full Name (Last, First, Middle Initial)**  
TDS Telecom

Mailing Address  
PO Box 608

City State Zip Code  
Lancaster WI 53813-0608

Purpose of Disbursement:  
Phone system repairs

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100329.43

Date 10 / 17 / 2007

Transaction ID: H4.29605

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.41		98.64		116.05

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

Mailing Address  
135 South LaSalle Street Dept 8123

City State Zip Code  
Chicago IL 60674

Purpose of Disbursement:  
Cable tv

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

100394.77

Date 10 / 31 / 2007

Transaction ID: H4.29645

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.80		55.54		65.34

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
150.54		853.06		1003.60

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> Choles Floral			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1135 Regent Street			Allocated Activity or Event Year-To-Date 100467.96		
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> H4.29646		
Madison	WI	53715			
Purpose of Disbursement: Gift			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.98		62.21		73.19

<b>B. Full Name (Last, First, Middle Initial)</b> Great Glacier of Wisconsin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 249			Allocated Activity or Event Year-To-Date 100504.90		
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> H4.29647		
Lake Delton	WI	53940			
Purpose of Disbursement: Bottled water			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.54		31.40		36.94

<b>C. Full Name (Last, First, Middle Initial)</b> MG&E			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1231			Allocated Activity or Event Year-To-Date 101327.53		
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> H4.29657		
Madison	WI	53701			
Purpose of Disbursement: Energy bill			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
123.39		699.24		822.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.91		792.85		932.76

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Office Depot

Mailing Address  
PO Box 9027

City State Zip Code  
Des Moines IA 50368

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101402.45

Date 10 / 31 / 2007

Transaction ID: H4.29658

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.24		63.68		74.92

**B. Full Name (Last, First, Middle Initial)**  
Office Max

Mailing Address  
2420 East Springs Dr

City State Zip Code  
Madison WI 53701

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101950.61

Date 10 / 31 / 2007

Transaction ID: H4.29659

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.22		465.94		548.16

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

Mailing Address  
Po Box 856042

City State Zip Code  
Louisville KY 40285

Purpose of Disbursement:  
Postage for postal meter

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

103950.61

Date 10 / 31 / 2007

Transaction ID: H4.29660

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.00		1700.00		2000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
393.46		2229.62		2623.08

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Pro One Janitorial Inc

Mailing Address  
1486 Kenwood Center

City	State	Zip Code
Menasha	WI	54952

Purpose of Disbursement:  
Cleaning service

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104450.61

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: H4.29661

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.00		425.00		500.00

**B. Full Name (Last, First, Middle Initial)**  
Wisconsin State Elections Board

Mailing Address  
PO Box 2973

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement:  
Photocopy fees

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104584.98

Date 

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: H4.29664

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.16		114.21		134.37

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.16		539.21		634.37

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
1633.22	9255.02	10888.24

Image# 27990941448

Form/Schedule: **SC/10** On 12/30/02, we made a \$25,000 draw on our line of credit. It is shown as an accrual under the loan payments.  
Transaction ID: **SC/10.6376** FEC Tech Support has advised this procedure to show a draw on the line of credit

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