

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Steil for Wisconsin, Inc.

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

Mailing Address PO Box 303

City Hilbert State WI Zip Code 54129-0303

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2018
☐ Primary ☐ General
☒ Other (specify) ▼ General Debt

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M M	D D	Y Y Y Y
02	20	2019

Transaction ID : AE9CB32828214446E88F

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

Mailing Address 10942 N Knights Bridge Drive

City Mequon State WI Zip Code 53097-3488

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

Name of Employer Self-Employed Occupation Chiropractor

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt

M M	D D	Y Y Y Y
02	20	2019

Transaction ID : A613B48E66FF94F138B4

Amount of Each Receipt this Period

350.00

☐ Memo Item

Earmarked through the Chiropractic Health Information and Education Fund

C. Full Name (Last, First, Middle Initial)
Wisconsin Chiropractic Association Chiropractic Health Information And Education Fund (CHIEF)

Mailing Address 521 E Washington Ave

City Madison State WI Zip Code 53703-2900

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

Name of Employer Occupation

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt

M M	D D	Y Y Y Y
02	20	2019

Transaction ID : A2920575801274ACA906

Amount of Each Receipt this Period

350.00

☒ Memo Item

Intermediary, Federally Permissible Funds

Total Earmarked through conduit. PAC limit not affected.

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

850.00
