

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Walorski for Congress

ADDRESS (number and street) ▼

PO Box 954

Check if different than previously reported. (ACC)

Mishawaka

IN

46546-0954

2. FEC IDENTIFICATION NUMBER ▼

C C00468579

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

IN 02

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 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
07 / 01 / 2015 through 09 / 30 / 2015

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 Chris Marston

Signature of Treasurer Chris Marston

[Electronically Filed]

Date

MM / DD / YYYY
11 / 30 / 2015

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Walorski for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	210962.00	679185.53
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	210962.00	679185.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	76296.95	306647.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76296.95	306643.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	709242.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Walorski for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	122865.00	375370.53
(ii) Unitemized.....	6347.00	24215.00
(iii) TOTAL of contributions from individuals ▶	129212.00	399585.53
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	81750.00	279600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	210962.00	679185.53
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	13869.99
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	4.53
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	210962.00	693060.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76296.95	306647.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	15000.00	43750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	91296.95	350397.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	589577.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	210962.00
25. SUBTOTAL (add Line 23 and Line 24).....	800539.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91296.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	709242.68

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

Form/Schedule: F3A
Transaction ID :

This amended report responds to issues raised by the Request for Additional Information dated October 22, 2015. One individual contribution that resulted from accidentally double-processing a credit card has been refunded on 11/30/2015. All of the other apparently excessive contributions from individuals were corrected through reattribution and redesignation of the excessive portions. Those adjustments appear in this report. The Committee was unaware that the two PACs identified were affiliated. The contribution received from McAndrews & Forbes Incorporated PAC was refunded on 11/30/2015. The refund will appear on the Year-End Report. The Committee has verified that funds received from non-federal committees are made from acceptable funds and annotated the contribution to indicate so.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 6 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY J. ABESKA
 Mailing Address 700 1ST SOURCE BANK CENTER
 City SOUTH BEND State IN Zip Code 46601-
 FEC ID number of contributing federal political committee. C
 Name of Employer BARNES & THORNBURG LLP Occupation ATTORNEY - PARTNER
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : SA11.23036
 Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MATTHEW K. ARNOLD
 Mailing Address 19677 CR 16
 City BRISTOL State IN Zip Code 46507-9197
 FEC ID number of contributing federal political committee. C
 Name of Employer LOOK TRAILERS Occupation OWNER
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : SA11.22988
 Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELISE KENDERIAN ARONSON
 Mailing Address 611 BEVERLY DR.
 SUITE 570
 City ALEXANDRIA State VA Zip Code 22305-1302
 FEC ID number of contributing federal political committee. C
 Name of Employer MACANDREWS & FORBES HOLDINGS INC. Occupation VICE PRESIDENT, GOVERNMENT AFFAIRS
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : SA11.23079
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. EDWARD M. BAKWIN

Mailing Address 433 W US HWY 20

City LA PORTE State IN Zip Code 46350-8609

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23227

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER BARRETT

Mailing Address 1229 RIDGEDALE ROAD

City SOUTH BEND State IN Zip Code 46614-2107

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

Name of Employer SMOKER CRAFT Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23305

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID A. BEHRENS

Mailing Address 14274 SHORELINE DRIVE

City GRANGER State IN Zip Code 46530-4849

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

Name of Employer COMPLEXUS MEDICAL Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11.23060

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

REFUNDED 11/30/2015; SEE SCH B, LINE 20A, YEAR-END REPORT REFUND TO BE ISSUED

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 8 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVID A. BEHRENS
 Mailing Address 14274 SHORELINE DRIVE
 City State Zip Code
 GRANGER IN 46530-4849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COMPLEXUS MEDICAL PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 8100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 11 2015
Transaction ID : SA11.23061
 Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. RICHARD BENTLEY
 Mailing Address 520 W. 63RD STREET
 City State Zip Code
 INDIANAPOLIS IN 46260-4722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IVY TECH DIRECTOR
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 28 2015
Transaction ID : SA11.23173
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DALLAS W. BERGL
 Mailing Address 2818 EAST JACKSON BLVD
 City State Zip Code
 ELKHART IN 46516-5050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INOVA FEDERAL CREDIT UNION CEO/PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 12 2015
Transaction ID : SA11.23073
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

3700.00

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

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

FOR LINE NUMBER: PAGE 9 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES D. BOCK

Mailing Address 1525 GREENLEAF BLVD

City State Zip Code
ELKHART IN 46514-3722

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23208

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DERALD BONTRAGER

Mailing Address 13615 COUNTY ROAD 12
P.O. BOX 810

City State Zip Code
MIDDLEBURY IN 46540-8705

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

Name of Employer Occupation
JAYCO PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : SA11.23035

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DERALD BONTRAGER

Mailing Address 13615 COUNTY ROAD 12
P.O. BOX 810

City State Zip Code
MIDDLEBURY IN 46540-8705

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

Name of Employer Occupation
JAYCO PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : SA11.23035B

Amount of Each Receipt this Period
 -500.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DERALD BONTRAGER

Mailing Address 13615 COUNTY ROAD 12
P.O. BOX 810

City MIDDLEBURY State IN Zip Code 46540-8705

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

Name of Employer JAYCO Occupation PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2015

Transaction ID : SA11.23472

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. WILBUR L. BONTRAGER

Mailing Address 13545 COUNTY ROAD 12

City MIDDLEBURY State IN Zip Code 46540-8706

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

Name of Employer JAYCO, INC Occupation CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11.23051

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN J. BROWN

Mailing Address 6765 W 200 N

City ROCHESTER State IN Zip Code 46975-8879

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11.23260

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ROBERT A. BUTLER

Mailing Address 10731 CHASE CT.

City State Zip Code
FISHERS IN 46037-9433

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

Name of Employer Occupation
BUTLER AUTOMOTIVE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : SA11.23040

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM LARRY CENTERS

Mailing Address 7354 COTTAGE OAK

City State Zip Code
PORTAGE MI 49024-7865

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

Name of Employer Occupation
SELF RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11.23187

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD STEVE CHAMPLIN

Mailing Address 15573 SIGNAL HILL COURT

City State Zip Code
GRANGER IN 46530-6511

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

Name of Employer Occupation
THERMOLITE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.23069

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 12 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. AL H. CHOITZ

Mailing Address 19110 SUMMERS DR

City SOUTH BEND State IN Zip Code 46637-3559

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23207

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH W. CORRIGAN

Mailing Address 6490 LAKE MEADOW DRIVE

City BURKE State VA Zip Code 22015-3930

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23372

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS H. CORSON

Mailing Address 600 SKYVIEW DR.
P.O. BOX340

City MIDDLEBURY State IN Zip Code 46540-9576

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11.23066

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ALLAN B. CORWIN

Mailing Address **28648 COUNTY ROAD 38**

City **WAKARUSA** State **IN** Zip Code **46573-9756**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11.23209

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **2727 E 86TH ST,**

City **INDIANAPOLIS** State **IN** Zip Code **46240-4394**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : SA11.23377

Amount of Each Receipt this Period
365.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LARRY M. DAVIS

Mailing Address **52740 ASH ROAD**

City **GRANGER** State **IN** Zip Code **46530-5035**

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

Name of Employer **DAMAN** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SA11.23044

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

565.00

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

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

FOR LINE NUMBER: PAGE 14 OF 98
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. LARRY M. DAVIS

Mailing Address 52740 ASH ROAD

City GRANGER State IN Zip Code 46530-5035

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

Name of Employer DAMAN Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23169

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LARRY M. DAVIS

Mailing Address 52740 ASH ROAD

City GRANGER State IN Zip Code 46530-5035

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

Name of Employer DAMAN Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23216

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL J. DELLORTO

Mailing Address 8008 LOG CABIN CT

City SPRINGFIELD State VA Zip Code 22153-3012

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

Name of Employer AM GENERAL LLC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11.23091

Amount of Each Receipt this Period
 1350.00
 CONTRIBUTION

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 15 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. LAIN R. DOWNS

Mailing Address 23236 SHORELANE

City State Zip Code
ELKHART IN 46514-4560

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

Name of Employer Occupation
THE CENTRE, P.C. EXECUTIVE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23086

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

Mailing Address 66 LINCOLN HWY

City State Zip Code
BOURBON IN 46504-9692

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

Name of Employer Occupation
SELF MAINTENANCE AND SMALL CONSTRUCTIO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11.23032

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

Mailing Address 66 LINCOLN HWY

City State Zip Code
BOURBON IN 46504-9692

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

Name of Employer Occupation
SELF MAINTENANCE AND SMALL CONSTRUCTIO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : SA11.23087

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 66 LINCOLN HWY

City BOURBON State IN Zip Code 46504-9692

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

Name of Employer SELF Occupation MAINTENANCE AND SMALL CONSTRUCTIO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11.23185

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JUDITH FARVER

Mailing Address 66231 COUNTY ROAD 21

City GOSHEN State IN Zip Code 46526-7292

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23338

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES FEHSENFELD

Mailing Address 8001 SPRING MILL RD.

City INDIANAPOLIS State IN Zip Code 46260-2901

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

Name of Employer US AGGREGATES Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11.22913

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

2825.00

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

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

FOR LINE NUMBER: PAGE 17 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. NATHAN J. FELTMAN

Mailing Address 12585 CHYVERTON CIR

City State Zip Code
CARMEL IN 46032-8336

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

Name of Employer Occupation
HOME HEALTH DEPOT PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23176

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TAMERA K. FOX

Mailing Address 15975 ELMSFORD CT.

City State Zip Code
GRANGER IN 46530-8726

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : SA11.23043

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CONSTANCE FULMER

Mailing Address 120 W LEXINGTON AVE

City State Zip Code
ELKHART IN 46516-3117

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23234

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 18 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ZARRELL T. GRAY

Mailing Address 6924 W. 400 N.

City FAIRLAND State IN Zip Code 46126-9611

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

Name of Employer TEAYS RIVER INVESTMENTS Occupation COO/EVP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23175

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NICHOLAS A. GUTWEIN

Mailing Address 4664 IRONSTONE LANE

City WEST LAFAYETTE State IN Zip Code 47906-9708

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

Name of Employer BRAUNABILITY Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.23071

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN K. HAINES

Mailing Address 2905 LAVANTURE PLACE

City ELKHART State IN Zip Code 46514-8233

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

Name of Employer AMERICAN TECHNOLOGY Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : SA11.23038

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 19 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. CHARLES M. HALL

Mailing Address 105 N NILES AVE

City SOUTH BEND State IN Zip Code 46617-2705

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

Name of Employer AM GENERAL Occupation CEO/PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11.23065

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN R. HAMMOND III

Mailing Address 612 E. 13TH ST.

City INDIANAPOLIS State IN Zip Code 46202-2732

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

Name of Employer ICE MILLER LLP Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23171

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK J. HILER

Mailing Address 29473 MONTAUK LANE

City ELKHART State IN Zip Code 46517-8574

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

Name of Employer STRIPCO, INC. Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : SA11.23041

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MS. SUSAN B. HIRSCHMANN

Mailing Address 4052 SEMINARY RD

City ALEXANDRIA State VA Zip Code 22304-1646

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

Name of Employer WILLIAMS & JENSEN, PLLC Occupation PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23300

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 4711 W. BRADDOCK RD. #40

City ALEXANDRIA State VA Zip Code 22311-4718

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

Name of Employer WILLIAMS AND JENSEN Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23312

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALLAN BROOKS HUBBARD

Mailing Address 5600 SUNSET LANE

City INDIANAPOLIS State IN Zip Code 46228-1446

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

Name of Employer E&A INDUSTRIES, INC. Occupation CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11.23092

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS PATRICK KANE

Mailing Address 230 SUMMER LN

City MILL SPRING State NC Zip Code 28756-4744

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23371

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH H. KIMMITT

Mailing Address 1706 FOREST LN

City MCLEAN State VA Zip Code 22101-3321

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11.23132

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EVAN A. KNISELY

Mailing Address 1005 TURKEY RUN ROAD

City MCLEAN State VA Zip Code 22101-1707

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

Name of Employer Occupation
MACANDREWS & FORBES HOLDINGS INC. SENIOR VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11.23078

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MS. LISA H. KOBE

Mailing Address 4326 NORTH WASHINGTON BLVD.

City State Zip Code
INDIANAPOLIS IN 46205-1766

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

Name of Employer Occupation
DUKE ENERGY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : SA11.23174

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT L. KROUSE

Mailing Address 13393 N STATE ROAD 13

City State Zip Code
NORTH MANCHESTER IN 46962-8609

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

Name of Employer Occupation
MIDWEST POULTRY SERVICES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2015

Transaction ID : SA11.22652

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION REQUESTED**

C. Full Name (Last, First, Middle Initial)
MR. ROBERT L. KROUSE

Mailing Address 13393 N STATE ROAD 13

City State Zip Code
NORTH MANCHESTER IN 46962-8609

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

Name of Employer Occupation
MIDWEST POULTRY SERVICES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SA11.A22652

Amount of Each Receipt this Period
-5400.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. SARAH S. KROUSE

Mailing Address 13393 N. SR 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

Name of Employer MIDWEST POULTRY Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.B23062

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MRS. SARAH S. KROUSE

Mailing Address 13393 N. SR 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

Name of Employer MIDWEST POULTRY Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11.23062

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MRS. SARAH S. KROUSE

Mailing Address 13393 N. SR 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

Name of Employer MIDWEST POULTRY Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.23062B

Amount of Each Receipt this Period
-2700.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. SARAH S. KROUSE

Mailing Address 13393 N. SR 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

Name of Employer MIDWEST POULTRY Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.23064

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MR. BRAD ALLEN LAWRENCE

Mailing Address 0480 W 300 N

City KNOX State IN Zip Code 46534-9490

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

Name of Employer FARMER/ STARKE COUNTY PRESIDENT Occupation LTL FARMS/ INDIANA FARM BUREAU

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2015

Transaction ID : SA11.23050

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID L. LERMAN

Mailing Address 3210 MIAMI ST

City SOUTH BEND State IN Zip Code 46614-2048

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

Name of Employer STEEL WAREHOUSE Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23177

Amount of Each Receipt this Period
 600.00

CONTRIBUTION

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 1120 EAST IRVINGTON AVE

City SOUTH BEND State IN Zip Code 46614-1416

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

Name of Employer STEEL WAREHOUSE Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23179

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TED S. LERMAN

Mailing Address 1220 RIDGEDALE RD

City SOUTH BEND State IN Zip Code 46614-2108

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

Name of Employer STEEL WAREHOUSE Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23178

Amount of Each Receipt this Period
 600.00
 CONTRIBUTION

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

Mailing Address 15933 COUNTY ROAD 129

City BRISTOL State IN Zip Code 46507-9570

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

Name of Employer THOR INDUSTRIES Occupation PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2015

Transaction ID : SA11.23048

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

4800.00

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

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

FOR LINE NUMBER: PAGE 26 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. FRANCIS J. MCDONALD PT, DPT

Mailing Address 1005 HICKORY ROAD

City SOUTH BEND State IN Zip Code 46615-3723

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

Name of Employer MCDONALD PHYSICAL THERAPY Occupation PHYSICAL THERAPIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11.23188

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAROL W. MCDOWELL

Mailing Address 714 OSOLO ROAD

City ELKHART State IN Zip Code 46514-4137

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

Name of Employer MCDOWELL ENTERPRISES Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2015

Transaction ID : SA11.23055

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEO J. MCKERNAN

Mailing Address P.O. BOX 1616

City NAPLES State FL Zip Code 34106-1616

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23193

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

4950.00

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

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

FOR LINE NUMBER: PAGE 27 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. FRED MERRITT

Mailing Address 1650 WEST 106TH STREET

City State Zip Code
CARMEL IN 46032-9604

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RIVERSIDE MFG., LLC ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.23056

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK A. MINNE

Mailing Address 50825 STURBRIDGE DRIVE

City State Zip Code
GRANGER IN 46530-8153

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AM GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.23128

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER J. MURPHY III

Mailing Address 1237 E. JEFFERSON

City State Zip Code
SOUTH BEND IN 46617-3315

FEC ID number of contributing federal political committee.

Name of Employer Occupation
1ST SOURCE BANK CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.23052

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 28 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. RONALD O. PERELMAN
 Mailing Address 237 PARK AVENUE
 City State Zip Code
 NEW YORK NY 10017-3140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MACANDREWS & FORBES CEO
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 12 2015
Transaction ID : SA11.23081
 Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIAN D. PETERSON
 Mailing Address 60992 WALNUT FARM COURT
 City State Zip Code
 SOUTH BEND IN 46614-5045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AM GENERAL EXECUTIVE DIRECTOR
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 16 2015
Transaction ID : SA11.23186
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LAWRENCE A. PLATT JR.
 Mailing Address 7 KESWICK RD
 City State Zip Code
 STAFFORD VA 22556-6667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AM GENERAL BUSINESS DEVELOPMENT
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 10 2015
Transaction ID : SA11.23058
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 10190 N FOOTHILL BLVD.

City State Zip Code
CUPERTINO CA 95014-0832

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

Name of Employer Occupation
SARES-REGIS GROUP MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23315

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 51746 SUMMER WOOD COURT

City State Zip Code
GRANGER IN 46530-4514

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

Name of Employer Occupation
GREAT LAKES CAPITAL MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11.23057

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOB RICHARDSON EDWARD RICHARDSON

Mailing Address 54969 WOODHOLD CT

City State Zip Code
ELKHART IN 46516-6511

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11.23299

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. TERRY J. RODINO

Mailing Address 23393 SHORELANE

City State Zip Code
ELKHART IN 46514-4567

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

Name of Employer Occupation
RECYLED NEW PALLET OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23072

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. STACEY RODINO

Mailing Address 23393 SHORELANE

City State Zip Code
ELKHART IN 46514-4567

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23481

Amount of Each Receipt this Period
 800.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. TERRY J. RODINO

Mailing Address 23393 SHORELANE

City State Zip Code
ELKHART IN 46514-4567

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

Name of Employer Occupation
RECYLED NEW PALLET OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23072B

Amount of Each Receipt this Period
 -800.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 31 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DOUGLAS C. ROSE

Mailing Address 10550 HUSSEY LANE

City State Zip Code
CARMEL IN 46032-7921

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

Name of Employer Occupation
IRWIN R. ROSE & CO., LLC REAL ESTATE INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2015

Transaction ID : SA11.23033

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN ROSS

Mailing Address 50740 TRAILS NORTH

City State Zip Code
GRANGER IN 46530-9761

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

Name of Employer Occupation
AM GENERAL LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11.23126

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 902 E UNIVERSITY DR.

City State Zip Code
GRANGER IN 46530-4466

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

Name of Employer Occupation
RUTH'S CHRIS OPERATING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11.23378

Amount of Each Receipt this Period
 575.00
 CONTRIBUTION

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

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

3525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) MR. GARY N. SCHAHET		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 385 MILLRIDGE DRIVE		Transaction ID : SA11.23109	
City INDIANAPOLIS	State IN	Zip Code 46290-1118	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer SCHAHET HOTELS, INC	Occupation HOTEL MANAGEMENT AND DEVELOPMENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
		SEE REATTRIBUTION	

Full Name (Last, First, Middle Initial) MR. GARY N. SCHAHET		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 385 MILLRIDGE DRIVE		Transaction ID : SA11.23109B	
City INDIANAPOLIS	State IN	Zip Code 46290-1118	Amount of Each Receipt this Period -1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer SCHAHET HOTELS, INC	Occupation HOTEL MANAGEMENT AND DEVELOPMENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
		[MEMO ITEM] REATTRIBUTION TO SPOUSE	

Full Name (Last, First, Middle Initial) PHYLLIS SCHAHET		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2015	
Mailing Address 385 MILLRIDGE DRIVE		Transaction ID : SA11.23483	
City INDIANAPOLIS	State IN	Zip Code 46290-1118	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer SELF	Occupation HOUSEWIFE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
		[MEMO ITEM] REATTRIBUTION FROM SPOUSE	

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	2700.00

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

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

FOR LINE NUMBER: PAGE 33 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. SAM C. SCHLOSSER

Mailing Address **PO BOX 523**

City **PLYMOUTH** State **IN** Zip Code **46563-0523**

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

Name of Employer **PLYMOUTH FOUNDRY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA11.23160

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BARRY F. SCHWARTZ

Mailing Address **35 EAST 62ND STREET**

City **NEW YORK** State **NY** Zip Code **10065-8014**

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

Name of Employer **MACANDREWS & FORBES** Occupation **VICE CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11.23082

Amount of Each Receipt this Period
 _____ 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY W. SCHWARTZ

Mailing Address **23191 COUNTY ROAD 18**

City **GOSHEN** State **IN** Zip Code **46528-9080**

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

Name of Employer **ROLLIE WILLIAMS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23302

Amount of Each Receipt this Period
 _____ 2700.00
 CONTRIBUTION

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

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

_____ 6400.00

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

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

FOR LINE NUMBER: PAGE 34 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. JULIA SCHWARTZ

Mailing Address 50885 WALDON PARK LN

City GRANGER State IN Zip Code 46530-7703

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : SA11.23042

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMISH S. SHAH

Mailing Address 3574 GORDON RD

City ELKHART State IN Zip Code 46516-5222

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

Name of Employer KEM KREST Occupation PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : SA11.23039

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS SMOKER

Mailing Address 58269 CR 29

City GOSHEN State IN Zip Code 46528-6622

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

Name of Employer SMOKER CRAFT INC. Occupation PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23303

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 35 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVID SPARKS

Mailing Address 71130 RESERVE PKWY

City NILES State MI Zip Code 49120-7829

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

Name of Employer SELF Occupation MCDONALD'S

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23370

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALLEN J. STEENBEKE

Mailing Address 939 BIRCHWOOD AVE

City SOUTH BEND State IN Zip Code 46619-4141

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23345

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BONNIE D. STEEN

Mailing Address PO BOX 873
601 E WATER ST.

City AKRON State IN Zip Code 46910-0873

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23180

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. GEORGE G. THOMAS

Mailing Address 921 E. BEARDSLEY AVE

City State Zip Code
ELKHART IN 46514-3509

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

Name of Employer Occupation
LAKOTA OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA11.23165B

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

B. Full Name (Last, First, Middle Initial)
MR. GEORGE G. THOMAS

Mailing Address 921 E. BEARDSLEY AVE

City State Zip Code
ELKHART IN 46514-3509

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

Name of Employer Occupation
LAKOTA OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA11.23167

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MR. SCOTT M. TUCKER

Mailing Address 271 EMS C29 LANE

City State Zip Code
WARSAW IN 46582-9160

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

Name of Employer Occupation
MAPLE LEAF FARMS OWNER/EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : SA11.23049

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

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

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

2700.00

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

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

FOR LINE NUMBER: PAGE 37 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. TERRY L. TUCKER

Mailing Address 1510 COUNTRY CLUB DRIVE

City Warsaw State IN Zip Code 46580-5013

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

Name of Employer MAPLE LEAF FARMS. INC. Occupation BUS. EXEC.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.23068

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

Mailing Address 51839 SUMMER WOOD CT.

City GRANGER State IN Zip Code 46530-4516

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

Name of Employer AM GENERAL Occupation COO, EVP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11.23127

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 7929 BAYBERRY DRIVE

City ALEXANDRIA State VA Zip Code 22306-3214

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

Name of Employer WILLIAMS & JENSEN Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23309

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3950.00

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

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

FOR LINE NUMBER: PAGE 38 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 59566 CR 31

City State Zip Code
MIDDLEBURY IN 46540-9203

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 23 2015

Transaction ID : SA11.23285

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
D. GAEDDERT REAL ESTATE LLC

Mailing Address 25128 COUNTY ROAD 20

City State Zip Code
ELKHART IN 46517-3215

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 12 2015

Transaction ID : SA11.23084

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUEST

C. Full Name (Last, First, Middle Initial)
MASHANTUCKET PEQUOT TRIBAL NATION

Mailing Address PO BOX 3008

City State Zip Code
MASHANTUCKET CT 06338-3008

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : SA11.23375

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MICHIANA OMFS, LLC

Mailing Address **707 N. MICHIGAN STREET
SUITE 300**

City **SOUTH BEND** State **IN** Zip Code **46601-1070**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11.23077

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUEST

B. Full Name (Last, First, Middle Initial)
PECHANGA BAND OF LUISENO MISSION INDIANS

Mailing Address **PO BOX 1477**

City **TEMECULA** State **CA** Zip Code **92593-1477**

FEC ID number of contributing federal political committee. **C C90009648**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11.23085

Amount of Each Receipt this Period
 _____ 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
POKAGON BAND OF POTAWATOMI INDIANS

Mailing Address **58320 SINK RD**

City **DOWAGIAC** State **MI** Zip Code **49047-9329**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11.23083

Amount of Each Receipt this Period
 _____ 2700.00

CONTRIBUTION

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

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

_____ 5700.00

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

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

FOR LINE NUMBER: PAGE 40 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
POKAGON BAND OF POTAWATOMI INDIANS

Mailing Address 58320 SINK RD

City State Zip Code
DOWAGIAC MI 49047-9329

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23083B

Amount of Each Receipt this Period
 -400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
POKAGON BAND OF POTAWATOMI INDIANS

Mailing Address 58320 SINK RD

City State Zip Code
DOWAGIAC MI 49047-9329

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23475

Amount of Each Receipt this Period
 400.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF TRAILER MANUFACTURERS PAC

Mailing Address 1320 SW TOPEKA BLVD

City State Zip Code
TOPEKA KS 66612-1817

FEC ID number of contributing federal political committee. **C** C00490987

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11.23164

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION BELOW

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

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. GEORGE G. THOMAS

Mailing Address **921 E. BEARDSLEY AVE**

City **ELKHART** State **IN** Zip Code **46514-3509**

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

Name of Employer **LAKOTA** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
08 / 01 / 2015

Transaction ID : SA11.23165

Amount of Each Receipt this Period
2700.00

CONTRIBUTION

EARMARKED FROM NATIONAL ASSOCIATION OF TRAILER MANUFACTURERS PA

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

2700.00

122865.00

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

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

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 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MISHLER FOR STATE SENATE

Mailing Address P.O. BOX 202

City State Zip Code
BREMEN IN 46506-0202

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11.23075

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

ACCEPTABLE FUNDS VERIFIED

B. Full Name (Last, First, Middle Initial)
AM GENERAL PAC

Mailing Address 105 N. NILES AVENUE

City State Zip Code
SOUTH BEND IN 46617-2705

FEC ID number of contributing federal political committee. **C** C00282210

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11.23080

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION (SKINPAC)

Mailing Address 1445 NEW YORK AVENUE NW
SUITE 800

City State Zip Code
WASHINGTON DC 20005-2125

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23357

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

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

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

7500.00

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

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

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Mailing Address **201 CHICAGO AVENUE**

City **MINNEAPOLIS** State **MN** Zip Code **55415-1126**

FEC ID number of contributing federal political committee. **C C00435933**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23358

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN BAKERS ASSOCIATION

Mailing Address **1300 I STREET, NW
SUITE 700 WEST**

City **WASHINGTON** State **DC** Zip Code **20005-3314**

FEC ID number of contributing federal political committee. **C C00016386**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11.23120

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

Mailing Address **1120 CONNECTICUT AVENUE NW**

City **WASHINGTON** State **DC** Zip Code **20036-3902**

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23359

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

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

5000.00

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

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

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

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 919 18TH STREET, NW

City WASHINGTON State DC Zip Code 20006-5503

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23360

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN SOYBEAN ASSOCIATION PAC (SOY PAC)

Mailing Address 12125 WOODCREST EXECUTIVE DRIVE SUITE 100

City ST LOUIS State MO Zip Code 63141-5009

FEC ID number of contributing federal political committee. **C C00408468**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23202

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATION- ABC PAC

Mailing Address 1300 MORRIS DRIVE, SUITE 100

City CHESTERBROOK State PA Zip Code 19087-5559

FEC ID number of contributing federal political committee. **C C00400929**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23361

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 45 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code
BETHESDA MD 20814-1621

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23197

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS & CONTRACTORS PAC

Mailing Address 440 FIRST ST. NW
SUITE 200

City State Zip Code
WASHINGTON DC 20001-2376

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23194

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOEING COMPANY PAC

Mailing Address 929 LONG BRIDGE DRIVE

City State Zip Code
ARLINGTON VA 22202-4208

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23356

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
BOSTON SCIENTIFIC CORP PAC

Mailing Address 300 BOSTON SCIENTIFIC WAY

City MARLBOROUGH State MA Zip Code 01752-1291

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23373

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP POLITICAL FUND

Mailing Address 1155 F STREET NW SUITE 700

City WASHINGTON State DC Zip Code 20004-1312

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11.23125

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23182

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
COBHAM HOLDINGS INC. PAC

Mailing Address 2121 CRYSTAL DRIVE
SUITE 625

City ARLINGTON State VA Zip Code 22202-3797

FEC ID number of contributing federal political committee. **C C00347401**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23183

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 20 F STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20001-6707

FEC ID number of contributing federal political committee. **C C00376343**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11.23163

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CULAC THE PAC

Mailing Address 601 PENNSYLVANIA AVE NW
SOUTH BUILDING SUITE 600

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23074

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET
DEC37D

City State Zip Code
CHARLOTTE NC 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11.23054

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELI LILLY & COMPANY PAC

Mailing Address 893 S DELAWARE ST

City State Zip Code
INDIANAPOLIS IN 46225-1782

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11.23121

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMAN CORPORATION PAC (ENGPAC)

Mailing Address 2980 FAIRVIEW PARK DR.

City State Zip Code
FALLS CHURCH VA 22042-4511

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11.23122

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. FARM CREDIT PAC

Full Name (Last, First, Middle Initial)
FARM CREDIT PAC

Mailing Address **50 F ST. NW**
SUITE 900

City **WASHINGTON** State **DC** Zip Code **20001-1530**

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : SA11.23184

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. GENERAL ELECTRIC PAC

Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC PAC

Mailing Address **1299 PENNSYLVANIA AVE, NW**
SUITE 900

City **WASHINGTON** State **DC** Zip Code **20004-2414**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11.23195

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. HARDWOOD FEDERATION PAC, INC.

Full Name (Last, First, Middle Initial)
HARDWOOD FEDERATION PAC, INC.

Mailing Address **1101 K STREET NW**
SUITE 700

City **WASHINGTON** State **DC** Zip Code **20005-4210**

FEC ID number of contributing federal political committee. **C C00396671**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11.23199

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION PAC

Mailing Address 600 MARYLAND AVENUE SW
SUITE 850E

City WASHINGTON State DC Zip Code 20024-2566

FEC ID number of contributing federal political committee. **C C00100321**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11.23200

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 720 N. HIGH SCHOOL ROAD

City INDIANAPOLIS State IN Zip Code 46214-3756

FEC ID number of contributing federal political committee. **C C00103978**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11.23129

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KELLEY DRYE & WARREN LLP, PAC

Mailing Address 3050 K STREET NW SUITE 400

City WASHINGTON State DC Zip Code 20007-5100

FEC ID number of contributing federal political committee. **C C00301929**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23362

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 51 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
LMA-PAC

Mailing Address 10510 NW AMBASSADOR DRIVE

City State Zip Code
KANSAS CITY MO 64153-1278

FEC ID number of contributing federal political committee. **C** C00244400

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : SA11.23363

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOUIS DREYFUS COMMODITIES, LLC. PAC

Mailing Address 40 DANBURY ROAD

City State Zip Code
WITLON CT 06897-4441

FEC ID number of contributing federal political committee. **C** C00492363

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 23 2015

Transaction ID : SA11.23198

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES, INC. LOWPAC

Mailing Address 1000 LOWE'S BOULEVARD

City State Zip Code
MOORESVILLE NC 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 19 2015

Transaction ID : SA11.23123

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 52 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MACANDREWS & FORBES INCORPORATED PAC

Mailing Address 35 EAST 62ND STREET

City State Zip Code
NEW YORK NY 10065-8014

FEC ID number of contributing federal political committee. **C** C00432856

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11.23131

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

REFUNDED 11/30/15; SEE SCH B, LINE 20C, YEAR-END REPORT REFUND TO BE ISSUED

B. Full Name (Last, First, Middle Initial)
MONSANTO CITIZENSHIP FUND

Mailing Address 800 N. LINDBERGH BLVD.

City State Zip Code
ST. LOUIS MO 63167-1000

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23364

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF TRAILER MANUFACTURERS PAC

Mailing Address 1320 SW TOPEKA BLVD

City State Zip Code
TOPEKA KS 66612-1817

FEC ID number of contributing federal political committee. **C** C00490987

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11.23070

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSN. PAC

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23365

Amount of Each Receipt this Period
3500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION PAC

Mailing Address 1301 PENNSYLVANIA AVE
SUITE 300

City WASHINGTON State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23366

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION PAC

Mailing Address 1301 PENNSYLVANIA AVE
SUITE 300

City WASHINGTON State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11.23367

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 98
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. NATIONAL TURKEY FEDERATION TURPAC

Full Name (Last, First, Middle Initial)
Mailing Address 1225 NEW YORK AVE NW
STE 400

City WASHINGTON State DC Zip Code 20005-6404

FEC ID number of contributing federal political committee. **C C00076182**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23368

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. NMHC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1850 M STREET, NW
SUITE 540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11.23124

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
Mailing Address THREE COMMERCIAL PLACE

City NORFOLK State VA Zip Code 23510-2108

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23374

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 55 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
NORTH AMERICAN MEAT INSTITUTE PAC

Mailing Address 1150 CONNECTICUT AVENUE, NW
SUITE 1200

City State Zip Code
WASHINGTON DC 20036-4126

FEC ID number of contributing federal political committee. **C C00024281**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23376

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030-7550

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11.23161

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1605 KING STREET

City State Zip Code
ALEXANDRIA VA 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23355

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 56 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
ORAL AND MAXILLOFACIAL SURGERY PAC

Mailing Address 9700 W. BRYN MAWR AVE

City State Zip Code
ROSEMONT IL 60018-5701

FEC ID number of contributing federal political committee. **C C00468579**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11.23076

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

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

Mailing Address 235 EAST 42ND STREET

City State Zip Code
NEW YORK NY 10017-5703

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11.23162

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 430 N. MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11.23053

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 57 OF 98
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
SMITH AND WESSON HOLDING CORP. PAC

Mailing Address 2100 ROOSEVELT AVE

City Springfield State MA Zip Code 01104-1606

FEC ID number of contributing federal political committee. **C C00419051**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11.23369

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SMITHFIELD FOODS, INC. PAC

Mailing Address 200 COMMERCE STREET

City Smithfield State VA Zip Code 23430-1204

FEC ID number of contributing federal political committee. **C C00359075**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11.23201

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VERIZON WIRELESS GOOD GOVERNMENT CLUB

Mailing Address 1300 I ST. NW 4TH FLOOR

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : SA11.23181

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 58 OF 98
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT
 Mailing Address 702 SW 8TH STREET
 City State Zip Code
 BENTONVILLE AR 72716-6209
 FEC ID number of contributing federal political committee. **C** C00093054
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11.23196
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAMS AND JENSEN PLLC PAC
 Mailing Address 701 8TH ST, N.W.
 SUITE 500
 City State Zip Code
 WASHINGTON DC 20001-3965
 FEC ID number of contributing federal political committee. **C** C00039206
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11.23354
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

2000.00
 81750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CHRISTOPHER LEE			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 6190 OAKWOOD ST			Amount of Each Disbursement this Period 1733.31	
City NORTH JUDSON	State IN	Zip Code 46366	Transaction ID : SB17.I1811	
Purpose of Disbursement SALARY		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. CHRISTOPHER LEE			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015	
Mailing Address 6190 OAKWOOD ST			Amount of Each Disbursement this Period 1733.32	
City NORTH JUDSON	State IN	Zip Code 46366	Transaction ID : SB17.I1812	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. CHRISTOPHER LEE			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015	
Mailing Address 6190 OAKWOOD ST			Amount of Each Disbursement this Period 1177.94	
City NORTH JUDSON	State IN	Zip Code 46366	Transaction ID : SB17.I1813	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4644.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CHRISTOPHER LEE			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 6190 OAKWOOD ST			Amount of Each Disbursement this Period 183.37
City NORTH JUDSON	State IN	Zip Code 46366	
Purpose of Disbursement REIMBURSEMENT		Category/ Type	Transaction ID : SB17.I1816
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. CHRISTOPHER LEE			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 6190 OAKWOOD ST			Amount of Each Disbursement this Period 153.44
City NORTH JUDSON	State IN	Zip Code 46366	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.I1817
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] LEE 8/27

Full Name (Last, First, Middle Initial) C. CHRISTOPHER LEE			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 6190 OAKWOOD ST			Amount of Each Disbursement this Period 385.86
City NORTH JUDSON	State IN	Zip Code 46366	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)		Category/ Type	Transaction ID : SB17.I1818
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	569.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CHRISTOPHER LEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 6190 OAKWOOD ST		Amount of Each Disbursement this Period 229.57
City NORTH JUDSON State IN Zip Code 46366	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1819 [MEMO ITEM] LEE 8/31
State: District:		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER LEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 6190 OAKWOOD ST		Amount of Each Disbursement this Period 602.51
City NORTH JUDSON State IN Zip Code 46366	Purpose of Disbursement REIMBURSEMENT (SEE BELOW)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1911
State: District:		

Full Name (Last, First, Middle Initial) C. CHRISTOPHER LEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 6190 OAKWOOD ST		Amount of Each Disbursement this Period 136.02
City NORTH JUDSON State IN Zip Code 46366	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1814 [MEMO ITEM] LEE 8/18
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	602.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 98	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CHRISTOPHER LEE		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 6190 OAKWOOD ST		Amount of Each Disbursement this Period 352.77
City NORTH JUDSON	State IN Zip Code 46366	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	Transaction ID : SB17.I1815
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		[MEMO ITEM] LEE 8/18

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 49.00
City WASHINGTON	State DC Zip Code 20260	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.I1889
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		[MEMO ITEM] LEE 8/18

Full Name (Last, First, Middle Initial) C. CHRISTOPHER LEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 6190 OAKWOOD ST		Amount of Each Disbursement this Period 1733.31
City NORTH JUDSON	State IN Zip Code 46366	
Purpose of Disbursement SALARY	Category/Type	Transaction ID : SB17.I1912
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1733.31
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. ZACH POTTS		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 7088 E GRACE AVE		Amount of Each Disbursement this Period 1186.59
City NEW CARLISLE	State IN	
Zip Code 46552	Purpose of Disbursement REIMBURSEMENT	Transaction ID : SB17.I1842
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ZACH POTTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 7088 E GRACE AVE		Amount of Each Disbursement this Period 346.30
City NEW CARLISLE	State IN	
Zip Code 46552	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1843
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]
POTTS 8/27

Full Name (Last, First, Middle Initial) C. ZACH POTTS		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 7088 E GRACE AVE		Amount of Each Disbursement this Period 526.95
City NEW CARLISLE	State IN	
Zip Code 46552	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1844
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]
POTTS 8/27

SUBTOTAL of Disbursements This Page (optional).....	1186.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. ZACH POTTS		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 7088 E GRACE AVE		Amount of Each Disbursement this Period 992.81 Transaction ID : SB17.I1917
City NEW CARLISLE	State IN	
Zip Code 46552	Purpose of Disbursement NET SALARY	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. BRIAN SPAULDING		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address P.O. BOX 233		Amount of Each Disbursement this Period 226.65 Transaction ID : SB17.I1855
City NORTH MANCHESTER	State IN	
Zip Code 46962	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. 1-800-FLOWERS		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address ONE OLD COUNTRY ROAD, SUITE 500		Amount of Each Disbursement this Period 104.98 Transaction ID : SB17.I1725
City CARLE PLACE	State NY	
Zip Code 11514	Purpose of Disbursement FLOWERS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1324.44
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. AIRBNB, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 888 BRANNAN ST FL 4		Amount of Each Disbursement this Period 102.00 Transaction ID : SB17.I1727
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AIRBNB, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 888 BRANNAN ST FL 4		Amount of Each Disbursement this Period 442.00 Transaction ID : SB17.I1728
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 4255 AMON CARTER BLVD		Amount of Each Disbursement this Period 283.10 Transaction ID : SB17.I1729
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement TRANSPORTATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	827.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address P.O. BOX 981540			Amount of Each Disbursement this Period 7.95	
City EL PASO	State TX	Zip Code 79998	Transaction ID : SB17.I1730	
Purpose of Disbursement CC PROCESSING		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. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015	
Mailing Address P.O. BOX 981540			Amount of Each Disbursement this Period 59.85	
City EL PASO	State TX	Zip Code 79998	Transaction ID : SB17.I1731	
Purpose of Disbursement CC PROCESSING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015	
Mailing Address P.O. BOX 981540			Amount of Each Disbursement this Period 7.95	
City EL PASO	State TX	Zip Code 79998	Transaction ID : SB17.I1732	
Purpose of Disbursement CC PROCESSING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	75.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 313.88
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I1733
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 7.95
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I1734
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 270.97
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I1735
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	592.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CAMELOT FLOWERS		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 200 N MONTICELLO ST UNIT 2		Amount of Each Disbursement this Period 149.75
City WINAMAC State IN Zip Code 46996	Purpose of Disbursement FLOWERS	
Candidate Name		Transaction ID : SB17.I1741
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CAMELOT FLOWERS		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 200 N MONTICELLO ST UNIT 2		Amount of Each Disbursement this Period 67.36
City WINAMAC State IN Zip Code 46996	Purpose of Disbursement FLOWERS	
Candidate Name		Transaction ID : SB17.I1742
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 229.96
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGES	
Candidate Name		Transaction ID : SB17.I1743
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	447.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 16 / 2015

Amount of Each Disbursement this Period: 55.00

Transaction ID : SB17.I1744

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 26 / 2015

Amount of Each Disbursement this Period: 63.13

Transaction ID : SB17.I1745

C. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 26 / 2015

Amount of Each Disbursement this Period: 496.22

Transaction ID : SB17.I1746

SUBTOTAL of Disbursements This Page (optional) 614.35

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 55.00 Transaction ID : SB17.I1747
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGES	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. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 55.00 Transaction ID : SB17.I1748
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 407.72 Transaction ID : SB17.I1752
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	517.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.I1753
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement DATABASE SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 107.41 Transaction ID : SB17.I1754
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 74.13 Transaction ID : SB17.I1755
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	981.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 98		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>16</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		16		2015
M M	/	D D	/	Y Y Y Y									
07		16		2015									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>FALLS CHURCH</td> <td>VA</td> <td>22043</td> </tr> </table>		City	State	Zip Code	FALLS CHURCH	VA	22043	<table border="1"> <tr> <td>434.48</td> </tr> </table>		434.48			
City	State	Zip Code											
FALLS CHURCH	VA	22043											
434.48													
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I1756											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>23</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		23		2015
M M	/	D D	/	Y Y Y Y									
07		23		2015									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>FALLS CHURCH</td> <td>VA</td> <td>22043</td> </tr> </table>		City	State	Zip Code	FALLS CHURCH	VA	22043	<table border="1"> <tr> <td>271.73</td> </tr> </table>		271.73			
City	State	Zip Code											
FALLS CHURCH	VA	22043											
271.73													
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I1757											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		30		2015
M M	/	D D	/	Y Y Y Y									
07		30		2015									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>FALLS CHURCH</td> <td>VA</td> <td>22043</td> </tr> </table>		City	State	Zip Code	FALLS CHURCH	VA	22043	<table border="1"> <tr> <td>108.50</td> </tr> </table>		108.50			
City	State	Zip Code											
FALLS CHURCH	VA	22043											
108.50													
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I1758											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	434.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.I1759
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement DATABASE SERVICES	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 157.60 Transaction ID : SB17.I1760
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 397.65 Transaction ID : SB17.I1761
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1355.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 457.89
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Candidate Name	Transaction ID : SB17.I1762
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 1.48
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Candidate Name	Transaction ID : SB17.I1763
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 20.60
City FALLS CHURCH	State VA Zip Code 22043	
Purpose of Disbursement CC PROCESSING	Candidate Name	Transaction ID : SB17.I1764
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	479.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		02		2015
M M	/	D D	/	Y Y Y Y								
09		02		2015								
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period										
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>800.00</td> </tr> </table>	800.00									
800.00												
Purpose of Disbursement DATABASE SERVICES		Transaction ID : SB17.I1765										
Candidate Name												
Office Sought:	Disbursement For:	Category/Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		03		2015
M M	/	D D	/	Y Y Y Y								
09		03		2015								
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period										
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>9.34</td> </tr> </table>	9.34									
9.34												
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I1766										
Candidate Name												
Office Sought:	Disbursement For:	Category/Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>08</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		08		2015
M M	/	D D	/	Y Y Y Y								
09		08		2015								
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period										
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>40.65</td> </tr> </table>	40.65									
40.65												
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I1767										
Candidate Name												
Office Sought:	Disbursement For:	Category/Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	849.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 1.48
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I1768
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 16.68
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I1769
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CROSSROADS CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 272 FAN HILL RD		Amount of Each Disbursement this Period 1097.00
City MONROE	State CT	
Zip Code 06468	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1770
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1115.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. ELECTIONCFO, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.I1775
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	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. ENTERPRISE RENT-A-CAR		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 703 W EDISON		Amount of Each Disbursement this Period 504.83 Transaction ID : SB17.I1778
City MISHAWAKA	State IN	
Zip Code 46545	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT-A-CAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 703 W EDISON		Amount of Each Disbursement this Period 968.41 Transaction ID : SB17.I1779
City MISHAWAKA	State IN	
Zip Code 46545	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3873.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)
A. ENTERPRISE RENT-A-CAR

Mailing Address 703 W EDISON

City MISHAWAKA State IN Zip Code 46545

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 08 / 2015

Amount of Each Disbursement this Period: 1199.50

Transaction ID : SB17.I1780

Full Name (Last, First, Middle Initial)
B. ENTERPRISE RENT-A-CAR

Mailing Address 703 W EDISON

City MISHAWAKA State IN Zip Code 46545

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 09 / 2015

Amount of Each Disbursement this Period: 37.82

Transaction ID : SB17.I1781

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

Mailing Address 155 5TH ST
FL 7

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement EVENT MANAGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2015

Amount of Each Disbursement this Period: 368.45

Transaction ID : SB17.I1782

SUBTOTAL of Disbursements This Page (optional) 1605.77

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EXPRESS PRESS INCORPORATED			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 3505 W MCGILL			Amount of Each Disbursement this Period 66.72
City SOUTH BEND	State IN	Zip Code 46628	
Purpose of Disbursement PRINTING		Candidate Name	Transaction ID : SB17.I1783
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. EXPRESS PRESS INCORPORATED			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 3505 W MCGILL			Amount of Each Disbursement this Period 369.71
City SOUTH BEND	State IN	Zip Code 46628	
Purpose of Disbursement PRINTING		Candidate Name	Transaction ID : SB17.I1784
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) C. FLAGS INTERNATIONAL			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 10845 MCKINLY HWY			Amount of Each Disbursement this Period 347.85
City OSCEOLA	State IN	Zip Code 46561	
Purpose of Disbursement FLAGS		Candidate Name	Transaction ID : SB17.I1786
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)		Category/ Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	784.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 7930 JONES BRANCH DR		Amount of Each Disbursement this Period 305.10 Transaction ID : SB17.I1792
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement HOTEL	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. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 2131.95 Transaction ID : SB17.I1793
City AUSTIN	State TX	
Zip Code 78704	Purpose of Disbursement WEBSITE EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 2562.01 Transaction ID : SB17.I1794
City AUSTIN	State TX	
Zip Code 78704	Purpose of Disbursement WEBSITE EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4999.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 98		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)

A. ICONTACT

Mailing Address 5221 PARAMOUNT PKWY STE 200

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
E-MAIL SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Disbursement this Period
74.00

Transaction ID : SB17.I1797

Full Name (Last, First, Middle Initial)

B. ICONTACT

Mailing Address 5221 PARAMOUNT PKWY STE 200

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
E-MAIL SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Disbursement this Period
74.00

Transaction ID : SB17.I1798

Full Name (Last, First, Middle Initial)

C. ICONTACT

Mailing Address 5221 PARAMOUNT PKWY STE 200

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
E-MAIL SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Disbursement this Period
74.00

Transaction ID : SB17.I1799

SUBTOTAL of Disbursements This Page (optional)..... 222.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 98.70 Transaction ID : SB17.I1801
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 58.80 Transaction ID : SB17.I1802
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 19.95 Transaction ID : SB17.I1803
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	98.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 58.80
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name		Transaction ID : SB17.I1804
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 19.95
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name		Transaction ID : SB17.I1805
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 58.80
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name		Transaction ID : SB17.I1806
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	137.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 98		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MATTERHORN		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 2401 CASSOPOLIS ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.I1825
City ELKHART	State IN	
Zip Code 46614	Purpose of Disbursement FACILITY RENTAL	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. MATTERHORN		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 2401 CASSOPOLIS ST		Amount of Each Disbursement this Period 132.82 Transaction ID : SB17.I1826
City ELKHART	State IN	
Zip Code 46614	Purpose of Disbursement CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MCDONALD STUDIO		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 326 LINCOLN WAY W		Amount of Each Disbursement this Period 280.25 Transaction ID : SB17.I1827
City SOUTH BEND	State IN	
Zip Code 46601	Purpose of Disbursement PHOTOGRAPHY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	663.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 98		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MCDONALD STUDIO		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 326 LINCOLN WAY W		Amount of Each Disbursement this Period 705.76 Transaction ID : SB17.I1828
City SOUTH BEND State IN Zip Code 46601	Purpose of Disbursement PHOTOGRAPHY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MONEYWISE PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1928 ARLINGTON BLVDSUITE 100		Amount of Each Disbursement this Period 713.80 Transaction ID : SB17.I1830
City CHARLOTTESVILLE State VA Zip Code 46546	Purpose of Disbursement EMPLOYER PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MONEYWISE PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 1928 ARLINGTON BLVDSUITE 100		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.I1831
City CHARLOTTESVILLE State VA Zip Code 46546	Purpose of Disbursement PAYROLL PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1469.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 1928 ARLINGTON BLVDSUITE 100

City CHARLOTTEVILLE State VA Zip Code 46546

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 03 / 2015

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.I1832

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

Mailing Address 1928 ARLINGTON BLVDSUITE 100

City CHARLOTTEVILLE State VA Zip Code 46546

Purpose of Disbursement EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 03 / 2015

Amount of Each Disbursement this Period: 701.79

Transaction ID : SB17.I1833

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

Mailing Address 1928 ARLINGTON BLVDSUITE 100

City CHARLOTTEVILLE State VA Zip Code 46546

Purpose of Disbursement EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 17 / 2015

Amount of Each Disbursement this Period: 439.36

Transaction ID : SB17.I1834

SUBTOTAL of Disbursements This Page (optional) 1191.15

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MONEYWISE PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 1928 ARLINGTON BLVDSUITE 100		Amount of Each Disbursement this Period 25.00
City CHARLOTTEVILLE State VA Zip Code 46546	Purpose of Disbursement PAYROLL PROCESSING	
Candidate Name		Transaction ID : SB17.I1835
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MONEYWISE PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 1928 ARLINGTON BLVDSUITE 100		Amount of Each Disbursement this Period 50.00
City CHARLOTTEVILLE State VA Zip Code 46546	Purpose of Disbursement PAYROLL PROCESSING	
Candidate Name		Transaction ID : SB17.I1836
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MONEYWISE PAYROLL		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 1928 ARLINGTON BLVDSUITE 100		Amount of Each Disbursement this Period 1055.51
City CHARLOTTEVILLE State VA Zip Code 46546	Purpose of Disbursement EMPLOYER PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1914
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1130.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 98			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. RUTH CHRIS STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015	
Mailing Address 1030 W CANTON AVE STE 100			Amount of Each Disbursement this Period 10.00	
City WINTER PARK	State FL	Zip Code 32789	Transaction ID : SB17.I1846	
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. RUTH CHRIS STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015	
Mailing Address 1030 W CANTON AVE STE 100			Amount of Each Disbursement this Period 3543.30	
City WINTER PARK	State FL	Zip Code 32789	Transaction ID : SB17.I1847	
Purpose of Disbursement FUNDRAISING EVENT CATERING		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. RUTH CHRIS STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015	
Mailing Address 1030 W CANTON AVE STE 100			Amount of Each Disbursement this Period 105.45	
City WINTER PARK	State FL	Zip Code 32789	Transaction ID : SB17.I1848	
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	3658.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. RUTH CHRIS STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015		
Mailing Address 1030 W CANTON AVE STE 100			Amount of Each Disbursement this Period 73.00		
City WINTER PARK	State FL	Zip Code 32789	Transaction ID : SB17.I1849		
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type			
Candidate Name					
Office Sought:	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. RUTH CHRIS STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015		
Mailing Address 1030 W CANTON AVE STE 100			Amount of Each Disbursement this Period 284.76		
City WINTER PARK	State FL	Zip Code 32789	Transaction ID : SB17.I1850		
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. ST. CLAIR APPAREL			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015		
Mailing Address 3431 WILLIAM RICHARDSON DR			Amount of Each Disbursement this Period 3391.90		
City SOUTH BEND	State IN	Zip Code 46628	Transaction ID : SB17.I1857		
Purpose of Disbursement T-SHIRTS		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3749.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. STRATEGIC ADVANCE SERVICES, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 611 PENNSYLVANIA AVE SE STE 267			Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I1866
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement TRAVEL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. TELEFLORA			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 11444 WEST OLYMPIC BLVD10TH FLOOR			Amount of Each Disbursement this Period 80.94 Transaction ID : SB17.I1869
City LOS ANGELES	State CA	Zip Code 90064	
Purpose of Disbursement FLOWERS		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. TELEFLORA			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 11444 WEST OLYMPIC BLVD10TH FLOOR			Amount of Each Disbursement this Period 126.94 Transaction ID : SB17.I1870
City LOS ANGELES	State CA	Zip Code 90064	
Purpose of Disbursement FLOWERS		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	4207.88
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. TELEFLORA		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 11444 WEST OLYMPIC BLVD10TH FLOOR		Amount of Each Disbursement this Period 143.93
City LOS ANGELES	State CA	
Zip Code 90064	Purpose of Disbursement FLOWERS	Transaction ID : SB17.I1916
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE GULA GRAHAM GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 3894.03
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	Transaction ID : SB17.I1874
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE GULA GRAHAM GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 11465.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1875
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15502.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. THE GULA GRAHAM GROUP			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420			Amount of Each Disbursement this Period 2699.20 Transaction ID : SB17.I1876
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES		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. TORTILLA COAST			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 400 FIRST ST SE			Amount of Each Disbursement this Period 184.37 Transaction ID : SB17.I1877
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. UNISOURCE DIRECT LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address P.O. BOX 802			Amount of Each Disbursement this Period 6846.91 Transaction ID : SB17.I1886
City WATERTOWN	State WI	Zip Code 53094	
Purpose of Disbursement DIRECT MAIL SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	9730.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 98			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 111 W RIO SALADO PKWY		Amount of Each Disbursement this Period 185.10
City TEMPE State AZ Zip Code 85281	Purpose of Disbursement TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1887
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 111 W RIO SALADO PKWY		Amount of Each Disbursement this Period 391.10
City TEMPE State AZ Zip Code 85281	Purpose of Disbursement TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1888
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 49.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.I1890
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	625.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 420.50 Transaction ID : SB17.I1891
City WASHINGTON	State DC	Zip Code 20260	
Purpose of Disbursement POSTAGE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.I1892
City WASHINGTON	State DC	Zip Code 20260	
Purpose of Disbursement POSTAGE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 14.70 Transaction ID : SB17.I1893
City WASHINGTON	State DC	Zip Code 20260	
Purpose of Disbursement POSTAGE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	420.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 96.60 Transaction ID : SB17.I1894
City WASHINGTON	State DC	Zip Code 20260	
Purpose of Disbursement POSTAGE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 31.16 Transaction ID : SB17.I1895
City WASHINGTON	State DC	Zip Code 20260	
Purpose of Disbursement POSTAGE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 16.40 Transaction ID : SB17.I1896
City WASHINGTON	State DC	Zip Code 20260	
Purpose of Disbursement POSTAGE		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	96.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 98			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 579.95 Transaction ID : SB17.I1897
City ELGIN	State IL	
Zip Code 60123	Purpose of Disbursement CELL SERVICE	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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 352.10 Transaction ID : SB17.I1898
City ELGIN	State IL	
Zip Code 60123	Purpose of Disbursement CELL SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 731.98 Transaction ID : SB17.I1899
City ELGIN	State IL	
Zip Code 60123	Purpose of Disbursement CELL SERVICE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1664.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 98		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. VILLA MACRI RISTORANTE		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 225 TOSCANA PARK		Amount of Each Disbursement this Period 666.75
City GRANGER State IN Zip Code 46530	Purpose of Disbursement FOOD/BEVERAGES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1900
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	666.75
TOTAL This Period (last page this line number only).....	74849.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 98
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)
A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST ST, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement DUES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 22 / 2015

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB21.I1837

Full Name (Last, First, Middle Initial)
B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST ST, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement DUES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 10 / 2015

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB21.I1838

Full Name (Last, First, Middle Initial)
C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST ST, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 18 / 2015

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB21.I1839

SUBTOTAL of Disbursements This Page (optional) 15000.00

TOTAL This Period (last page this line number only) 15000.00