

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

Volunteers for Nehlen

ADDRESS (number and street)

PO Box 796

Check if different than previously reported. (ACC)

Williams Bay

WI

53191

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00614305

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

WI

01

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

M M / D D / Y Y Y Y

/

/

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2017

through

M M / D D / Y Y Y Y

09 / 30 / 2017

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

Curtis, Elizabeth, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Curtis, Elizabeth, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 13 / 2017

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

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Volunteers for Nehlen

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)).... | 87564.42 | 134037.61 |
| (b) Total Contribution Refunds (from Line 20(d)) | 50.00 | 2000.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 87514.42 | 132037.61 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 53988.64 | 79802.78 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 3751.64 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 53988.64 | 76051.14 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 65189.02 | |
| 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)..... | 62698.15 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Volunteers for Nehlen

Report Covering the Period: From: M M / D D / Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y
09 / 30 / 2017

| 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)..... | 47225.00 | 59225.00 |
| (ii) Unitemized | 40339.42 | 64522.48 |
| (iii) TOTAL of contributions from individuals | 87564.42 | 123747.48 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 70.13 |
| (d) The Candidate | 0.00 | 10220.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 87564.42 | 134037.61 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 32.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 32.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 3751.64 |
| 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)..... | 87564.42 | 137821.25 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 48

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 53988.64 | 79802.78 |
| 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 | 50.00 | 2000.00 |
| (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))..... | 50.00 | 2000.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 200.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 54038.64 | 82002.78 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 31663.24 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 87564.42 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 119227.66 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 54038.64 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 65189.02 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 48
(check only one)

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

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)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Austin, T., S., ,

Mailing Address 6208 N Monticello Dr

| | | |
|------------------|-------------|-------------------|
| City Cleburne | State TX | Zip Code 76033 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer Information requested | Occupation Information requested |
|---|-------------------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2017

Transaction ID : SA11AI.49011

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4405 East Roosevelt Rd

| | | |
|---------------------|-------------|-------------------|
| City LITTLE ROCK | State AR | Zip Code 72206 |
|---------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer retired | Occupation retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 09 / 2017

Transaction ID : SA11AI.49718

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4405 East Roosevelt Rd

| | | |
|---------------------|-------------|-------------------|
| City LITTLE ROCK | State AR | Zip Code 72206 |
|---------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer retired | Occupation retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : SA11AI.49396

Amount of Each Receipt this Period
150.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 700.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 6 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Baker, Carole, , ,

Mailing Address 4405 East Roosevelt Rd

City LITTLE ROCK State AR Zip Code 72206

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2017

Transaction ID : SA11AI.50389

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Gundersen Health System Occupation Physician

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2017

Transaction ID : SA11AI.49774

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Gundersen Health System Occupation Physician

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2017

Transaction ID : SA11AI.49619

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 300.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Berg, Laurence, , ,

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Gundersen Health System Occupation Physician

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 31 2017

Transaction ID : SA11AI.49222

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Gundersen Health System Occupation Physician

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 16 2017

Transaction ID : SA11AI.50156

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 151 Fairway Ct

City Onalaska State WI Zip Code 54650

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

Name of Employer Gundersen Health System Occupation Physician

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 29 2017

Transaction ID : SA11AI.49898

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 300.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 48
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Berger, Russell, , ,

Mailing Address PO Box 1233

City Front Royal State VA Zip Code 22630

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : SA11AI.50276

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Bowling, George R, , ,

Mailing Address P. O. Box 2870

City PADUCAH State KY Zip Code 42002

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

Name of Employer Self Occupation Administration

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : SA11AI.49915

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1420 E Ridgewood Dr

City Columbia City State IN Zip Code 46725

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

Name of Employer Boyd Machine & Repair Occupation Attorney

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : SA11AI.48981

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 48
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Brannum, Caroline, , ,

Mailing Address 119 N Rockfern Ct

City SPRING State TX Zip Code 77380

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : SA11AI.50239

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1859 Devonshire Drive

City FLORENCE State SC Zip Code 29505

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

Name of Employer Southwest Airlines Occupation Pilot

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 22 / 2017

Transaction ID : SA11AI.49461

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4630 W McNab Rd
Apt A2

City Pompano Beach State FL Zip Code 33069

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : SA11AI.50146

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 OF 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Childs, William, , ,

Mailing Address 3538 Eastwind St

| | | |
|----------------------|-------------|-------------------|
| City INDIANAPOLIS | State IN | Zip Code 46227 |
|----------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer retired | Occupation retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2017

Transaction ID : SA11AI.49519

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

Mailing Address 3538 Eastwind St

| | | |
|----------------------|-------------|-------------------|
| City INDIANAPOLIS | State IN | Zip Code 46227 |
|----------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer retired | Occupation retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : SA11AI.50354

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address PO Box 807

| | | |
|------------------|-------------|-------------------|
| City Woodbury | State NJ | Zip Code 08096 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------|
| Name of Employer Cornell and Company | Occupation CEO |
|---|-------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2017

Transaction ID : SA11AI.50483

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 2150.00 |
| TOTAL This Period (last page this line number only)..... ▶ | _____ |

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

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

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

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Edmonston, Brian, , ,

Mailing Address 13460 old winery rd

City poaway State CA Zip Code 92064

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

Name of Employer Occupation
ICODING Manager

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : SA11AI.49870

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 534 Rexford Rd.

City FLORENCE State MS Zip Code 39073

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

Name of Employer Occupation
retired retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2017

Transaction ID : SA11AI.49605

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 11309 Harbor Breeze Dr.

City MONTGOMERY State TX Zip Code 77356

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

Name of Employer Occupation
retired retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : SA11AI.50344

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Foxworth, Douglas, , ,

Mailing Address 1204 Fall Creek Loop

City CEDAR PARK State TX Zip Code 78613

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

Name of Employer Ryan Wholesale, Inc Occupation President / Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2017

Transaction ID : SA11AI.50084

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

Mailing Address 10133 midland oil rd

City GLENFORD State OH Zip Code 43739

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2017

Transaction ID : SA11AI.49488

Amount of Each Receipt this Period
 _____ 200.00

Memo Item

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

Mailing Address 10133 midland oil rd

City GLENFORD State OH Zip Code 43739

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2017

Transaction ID : SA11AI.50189

Amount of Each Receipt this Period
 _____ 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 450.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Graves, Stephen, , ,

Mailing Address 6825 Hobbtown Road

City Rudy State AR Zip Code 72952

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 24 2017

Transaction ID : SA11AI.49082

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4615 175th Ave NW

City ANDOVER State MN Zip Code 55304

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

Name of Employer The John Birch Society Occupation Coordinator

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 01 2017

Transaction ID : SA11AI.50476

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4615 175th Ave NW

City ANDOVER State MN Zip Code 55304

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

Name of Employer The John Birch Society Occupation Coordinator

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 27 2017

Transaction ID : SA11AI.49962

Amount of Each Receipt this Period
100.00

Memo Item

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

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Harris Robertson, Nancy, , ,

Mailing Address 10320 E Mountain Spring Road, Scot

City State Zip Code
SCOTTSDALE AZ 85255

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

Name of Employer Occupation
retired retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 05 2017

Transaction ID : SA11AI.49759

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3904 Halloak ct

City State Zip Code
VALRICO FL 33596

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

Name of Employer Occupation
Self employed Real estate

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 16 2017

Transaction ID : SA11AI.49561

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 126 E 124th St S

City State Zip Code
JENKS OK 74037

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

Name of Employer Occupation
Hentges Consulting, LLC Consultant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 15 2017

Transaction ID : SA11AI.49603

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s)
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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Hinman, Roy, , ,

Mailing Address 100 Arricola Ave

City SAINT AUGUSTINE State FL Zip Code 32080

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

Name of Employer Island Doctors Occupation Physician

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : SA11AI.50182

Amount of Each Receipt this Period
1700.00

Memo Item

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

Mailing Address 628 Fairview Ave.

City ELMHURST State IL Zip Code 60126

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

Name of Employer self-employed Occupation self-employed

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : SA11AI.49888

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 411 N Pine Hill Road

City GRIFFIN State GA Zip Code 30223

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

Name of Employer Zia, Inc Occupation Accountant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : SA11AI.50333

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Hornung, Michael, , ,

Mailing Address 411 N Pine Hill Road

City: GRIFFIN State: GA Zip Code: 30223

FEC ID number of contributing federal political committee: C

Name of Employer: Zia, Inc Occupation: Accountant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 275.00

Date of Receipt: 09 / 19 / 2017

Transaction ID : SA11AI.50101

Amount of Each Receipt this Period: 50.00

Memo Item

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

Mailing Address 411 N Pine Hill Road

City: GRIFFIN State: GA Zip Code: 30223

FEC ID number of contributing federal political committee: C

Name of Employer: Zia, Inc Occupation: Accountant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 325.00

Date of Receipt: 09 / 29 / 2017

Transaction ID : SA11AI.49921

Amount of Each Receipt this Period: 50.00

Memo Item

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

Mailing Address 411 N Pine Hill Road

City: GRIFFIN State: GA Zip Code: 30223

FEC ID number of contributing federal political committee: C

Name of Employer: Zia, Inc Occupation: Accountant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 425.00

Date of Receipt: 09 / 30 / 2017

Transaction ID : SA11AI.49848

Amount of Each Receipt this Period: 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Kammerer, Joseph, , ,

Mailing Address 4951 Pernod Avenue

City SAINT LOUIS State MO Zip Code 63139

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 12 2017

Transaction ID : SA11AI.50260

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 19 Rippling Stream

City IRVINE State CA Zip Code 92603

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

Name of Employer University of California Occupation Professor

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 08 2017

Transaction ID : SA11AI.49721

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 19 Rippling Stream

City IRVINE State CA Zip Code 92603

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

Name of Employer University of California Occupation Professor

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 16 2017

Transaction ID : SA11AI.49581

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Kiester, Douglas, , ,

Mailing Address 19 Rippling Stream

City IRVINE State CA Zip Code 92603

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

Name of Employer University of California Occupation Professor

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2017

Transaction ID : SA11AI.50238

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 19 Rippling Stream

City IRVINE State CA Zip Code 92603

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

Name of Employer University of California Occupation Professor

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2017

Transaction ID : SA11AI.49999

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kovas, Connie, J, ,

Mailing Address 8007 Waterscape Dr

City Fort Wayne State IN Zip Code 46804

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2017

Transaction ID : SA11AI.48979

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 700.00

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

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

Use separate schedule(s)
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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Leadon, Bernard M, , ,

Mailing Address 1920 Adelia St, Ste 300

City NASHVILLE State TN Zip Code 37212

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 24 2017

Transaction ID : SA11AI.49379

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Leeman, John R, , ,

Mailing Address 103 Hawthorne Vilage Rd.

City Nashua State NH Zip Code 03062-2277

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 22 2017

Transaction ID : SA11AI.49434

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 21 W Rosemont Ave

City ALEXANDRIA State VA Zip Code 22301

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

Name of Employer Self Employed Occupation Accountant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 11 2017

Transaction ID : SA11AI.49712

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Maxwell, Janette, , ,

Mailing Address 122 hill street

City Williams Bay State WI Zip Code 53191

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

Name of Employer Self Employed Occupation Owner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : SA11AI.49971

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 19A Ta'Agan Point Road

City Danbury State CT Zip Code 06811

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

Name of Employer Michael J. Mazzucco, PC Occupation Civil Engineer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : SA11AI.50534

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 9384 Ridgeview St.

City TULSA State OK Zip Code 74131

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

Name of Employer CDCLaure Occupation CEO

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : SA11AI.49366

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 21 OF 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
meyer, steven, , ,

Mailing Address 2621 Ridgepoint Dr

| | | |
|----------------|-------------|-------------------|
| City AUSTIN | State TX | Zip Code 78754 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------|---------------------|
| Name of Employer iKEY, Ltd | Occupation owner |
|-------------------------------|---------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 14 / 2017 |

Transaction ID : SA11AI.50219

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address 3763 7th Rd

| | | |
|----------------|-------------|-------------------|
| City Bremen | State IN | Zip Code 46506 |
|----------------|-------------|-------------------|

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

| | |
|---------------------------------|----------------------------|
| Name of Employer Newmar Corp | Occupation Manufacturer |
|---------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 24 / 2017 |

Transaction ID : SA11AI.49024

Amount of Each Receipt this Period
5400.00

Memo Item

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

Mailing Address 3763 7th Rd

| | | |
|----------------|-------------|-------------------|
| City Bremen | State IN | Zip Code 46506 |
|----------------|-------------|-------------------|

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

| | |
|---------------------------------|----------------------------|
| Name of Employer Newmar Corp | Occupation Manufacturer |
|---------------------------------|----------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 24 / 2017 |

Transaction ID : SA11AI.50573

Amount of Each Receipt this Period
- 2700.00

Memo Item
Reattribute to spouse

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Miller, Pamela, , ,

Mailing Address 3763 7th Rd

City: Bermen State: IN Zip Code: 46506

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

Name of Employer: Newmar Corporation Occupation: Designer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt: 09 / 24 / 2017

Transaction ID : SA11AI.50574

Amount of Each Receipt this Period: 2700.00

Memo Item
Reattribution from Spouse

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

Mailing Address 2780 State Street, suite 11

City: SANTA BARBARA State: CA Zip Code: 93105

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

Name of Employer: Self Employed Occupation: Dentist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt: 09 / 28 / 2017

Transaction ID : SA11AI.49957

Amount of Each Receipt this Period: 100.00

Memo Item

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

Mailing Address 16 E 34th St #1201

City: New York State: NY Zip Code: 10016

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

Name of Employer: Equity Now Occupation: Finance

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt: 09 / 28 / 2017

Transaction ID : SA11AI.49938

Amount of Each Receipt this Period: 2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Mullins, Luke, , ,

Mailing Address 4780 Blackberry Lane

City: JUNCTION CITY State: WI Zip Code: 54443

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed Occupation: Manufacturing

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 08 / 07 / 2017

Transaction ID : SA11AI.49735

Amount of Each Receipt this Period: 2000.00

Memo Item

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

Mailing Address 2049 S. Ocean Drive Suite 309E

City: HALLANDALE State: FL Zip Code: 33009

FEC ID number of contributing federal political committee: C

Name of Employer: RNehlen and Associates LLC Occupation: Managing Director

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2700.00

Date of Receipt: 08 / 19 / 2017

Transaction ID : SA11AI.49487

Amount of Each Receipt this Period: 2700.00

Memo Item

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

Mailing Address 1112 Kiefer Creek Meadows Dr.

City: Ellisville State: MO Zip Code: 63021

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Attorney

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : SA11AI.50275

Amount of Each Receipt this Period: 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5700.00

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

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 24 OF 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Noste, James J, , ,

Mailing Address 2456C 2nd Floor Route 22

| | | |
|---------------|-------------|-------------------|
| City UNION | State NJ | Zip Code 07083 |
|---------------|-------------|-------------------|

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

| | |
|--|-------------------|
| Name of Employer Island Home Center Inc | Occupation CEO |
|--|-------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2017

Transaction ID : SA11AI.50532

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Noste, James J, , ,

Mailing Address 2456C 2nd Floor Route 22

| | | |
|---------------|-------------|-------------------|
| City UNION | State NJ | Zip Code 07083 |
|---------------|-------------|-------------------|

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

| | |
|--|-------------------|
| Name of Employer Island Home Center Inc | Occupation CEO |
|--|-------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : SA11AI.50528

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 270 N Annon Dr

| | | |
|-----------------------|-------------|-------------------|
| City Beverly Hills | State CA | Zip Code 90210 |
|-----------------------|-------------|-------------------|

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

| | |
|--|---------------------|
| Name of Employer GH Palmer Associates | Occupation Owner |
|--|---------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2017

Transaction ID : SA11AI.48942

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 2900.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 25 OF 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Phillips, Tammy, , ,

Mailing Address 3200 Persimmon Creek

| | | |
|----------------|-------------|-------------------|
| City EDMOND | State OK | Zip Code 73013 |
|----------------|-------------|-------------------|

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

| | |
|---|-------------------|
| Name of Employer Comprehensive Pain Center | Occupation CFO |
|---|-------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 09 / 2017 |

Transaction ID : SA11AI.50298

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

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

Mailing Address 3000 Via Victoria

| | | |
|------------------------------|-------------|-------------------|
| City PALOS VERDES estates | State CA | Zip Code 90274 |
|------------------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 25 / 2017 |

Transaction ID : SA11AI.50002

Amount of Each Receipt this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

C. Full Name (Last, First, Middle Initial)
Popp, John, F, ,

Mailing Address 350 Pearl St

| | | |
|--------------------|-------------|-------------------|
| City Fort Wayne | State IN | Zip Code 46814 |
|--------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer Perfection Bakeries, Inc. | Occupation Executive |
|---|-------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 21 / 2017 |

Transaction ID : SA11AI.49015

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 4000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 OF 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Prout, Alta, , ,

Mailing Address PO BOX 8809

| | | |
|----------------|-------------|-------------------|
| City KODIAK | State AK | Zip Code 99615 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------------|--------------------------|
| Name of Employer Bering Joy Inc. | Occupation Bookkeeper |
|-------------------------------------|--------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2017

Transaction ID : SA11AI.49824

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address PO BOX 8809

| | | |
|----------------|-------------|-------------------|
| City KODIAK | State AK | Zip Code 99615 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------------|--------------------------|
| Name of Employer Bering Joy Inc. | Occupation Bookkeeper |
|-------------------------------------|--------------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2017

Transaction ID : SA11AI.50461

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 3750 S Las Vegas Bl 3204

| | | |
|-------------------|-------------|-------------------|
| City LAS VEGAS | State NV | Zip Code 89158 |
|-------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer retired | Occupation retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : SA11AI.49104

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 700.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ |

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

| | | | | |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 27 OF 48 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Smith, Lecia, , ,

Mailing Address 3245 Laurel Drive

| | | |
|--------------------|-------------|-------------------|
| City BLACKSBURG | State VA | Zip Code 24060 |
|--------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 12 / 2017 |

Transaction ID : SA11AI.50277

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 3602 Syracuse Drive

| | | |
|-----------------|-------------|-------------------|
| City Garland | State TX | Zip Code 75043 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer retired | Occupation retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 06 / 2017 |

Transaction ID : SA11AI.50348

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3602 Syracuse Drive

| | | |
|-----------------|-------------|-------------------|
| City Garland | State TX | Zip Code 75043 |
|-----------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer retired | Occupation retired |
|-----------------------------|-----------------------|

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 09 / 28 / 2017 |

Transaction ID : SA11AI.49930

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 2200.00 |
| TOTAL This Period (last page this line number only)..... ▶ | |

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

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

FOR LINE NUMBER: PAGE 28 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Szablowski, Walter, , ,
 Mailing Address 102 Inlet Ter
 City Belmar State NJ Zip Code 07719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eracent Occupation Engineer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.49863
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Tealey, Timothy, , ,
 Mailing Address 506 W Verona Avenue, #194
 City VERONA State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2017
Transaction ID : SA11AI.50370
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Tealey, Timothy, , ,
 Mailing Address 506 W Verona Avenue, #194
 City VERONA State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.50184
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
TMK Enterprises Inc.

Mailing Address 3912 Option Pass

City Fort Wayne State IN Zip Code 46818

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2017

Transaction ID : SA11AI.48989

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 229 Hemingway Ave

City NEW HAVEN State CT Zip Code 06512

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

Name of Employer Occupation
Self HHG moving business

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2017

Transaction ID : SA11AI.50479

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 229 Hemingway Ave

City NEW HAVEN State CT Zip Code 06512

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

Name of Employer Occupation
Self HHG moving business

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2017

Transaction ID : SA11AI.50557

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.48989

Corporate contribution refunded in subsequent period.

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 31 OF 48
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Weeks, Jacob, , ,

Mailing Address 638 lock rd

City DEERFIELD BEACH State FL Zip Code 33442

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

Name of Employer MCNA Systems Corp Occupation Systems engineer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2017

Transaction ID : SA11AI.49144

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 14 E 75th st. Apt 7E

City NEW YORK State NY Zip Code 10021

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2017

Transaction ID : SA11AI.50270

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 201 W. Big Beaver Rd. #1420

City TROY State MI Zip Code 48084

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

Name of Employer TMW Occupation business partner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2017

Transaction ID : SA11AI.50318

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

A. Full Name (Last, First, Middle Initial)
Wright, Michaelon, , ,
 Mailing Address 201 W. Big Beaver Rd. #1420
 City TROY State MI Zip Code 48084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TMW Occupation business partner
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.50174
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Zwicker, Donald, , ,
 Mailing Address 2804 W Princeton Avenue
 City Eau Claire State WI Zip Code 54703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ace Ethanol LLC Occupation Merchandiser
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : SA11AI.50068
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Zwicker, Donald, , ,
 Mailing Address 2804 W Princeton Avenue
 City Eau Claire State WI Zip Code 54703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ace Ethanol LLC Occupation Merchandiser
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2017
Transaction ID : SA11AI.49914
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶ 47225.00

**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 33 OF 48 | | | |
| | <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)
Volunteers for Nehlen

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Anedot | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2017 | | |
| Mailing Address 10156 Perkins Rowe Suite 217F | | | FEC Identification Number C | | |
| City Baton Rouge | State LA | Zip Code 70810 | Amount of Each Disbursement this Period 358.92 | | |
| Purpose of Disbursement Payment Processing Fees | | Category/ Type | Transaction ID : SB17.48848 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Anedot | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2017 | | |
| Mailing Address 10156 Perkins Rowe Suite 217F | | | FEC Identification Number C | | |
| City Baton Rouge | State LA | Zip Code 70810 | Amount of Each Disbursement this Period 1011.30 | | |
| Purpose of Disbursement Payment Processing Fees | | Category/ Type | Transaction ID : SB17.48849 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Anedot | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2017 | | |
| Mailing Address 10156 Perkins Rowe Suite 217F | | | FEC Identification Number C | | |
| City Baton Rouge | State LA | Zip Code 70810 | Amount of Each Disbursement this Period 1759.56 | | |
| Purpose of Disbursement Payment Processing Fees | | Category/ Type | Transaction ID : SB17.48907 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3129.78 |
| 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 34 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Capital Square Funding Group, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2017 | |
| Mailing Address PO Box 10853 | | | FEC Identification Number C | |
| City Raleigh | State NC | Zip Code 27605 | Amount of Each Disbursement this Period 2337.80 | |
| Purpose of Disbursement Fundraising Consulting | | Category/ Type | Transaction ID : SB17.48842 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. CARMINE'S STEAKHOUSE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017 | |
| Mailing Address 20 South 4th | | | FEC Identification Number C | |
| City St Louis | State MO | Zip Code 63102 | Amount of Each Disbursement this Period 273.86 | |
| Purpose of Disbursement Food and Beverage | | Category/ Type | Transaction ID : SB17.48879 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2017 | |
| Mailing Address 1 Hacker Way | | | FEC Identification Number C | |
| City Menlo Park | State CA | Zip Code 94025 | Amount of Each Disbursement this Period 297.22 | |
| Purpose of Disbursement Online Advertising | | Category/ Type | Transaction ID : SB17.48859 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2908.88 |
| 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 35 OF 48 | | | |
| | <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)
Volunteers for Nehlen

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2017 | | |
| Mailing Address 1 Hacker Way | | | FEC Identification Number C | | |
| City Menlo Park | State CA | Zip Code 94025 | Amount of Each Disbursement this Period 4.55 | | |
| Purpose of Disbursement Online Advertising | | Category/ Type | Transaction ID : SB17.48860 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2017 | | |
| Mailing Address 1 Hacker Way | | | FEC Identification Number C | | |
| City Menlo Park | State CA | Zip Code 94025 | Amount of Each Disbursement this Period 11.84 | | |
| Purpose of Disbursement Online Advertising | | Category/ Type | Transaction ID : SB17.48861 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2017 | | |
| Mailing Address 1 Hacker Way | | | FEC Identification Number C | | |
| City Menlo Park | State CA | Zip Code 94025 | Amount of Each Disbursement this Period 738.25 | | |
| Purpose of Disbursement Online Advertising | | Category/ Type | Transaction ID : SB17.48862 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 754.64 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 36 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2017 | |
| Mailing Address 1 Hacker Way | | | FEC Identification Number C | |
| City Menlo Park | State CA | Zip Code 94025 | Amount of Each Disbursement this Period 10.03 | |
| Purpose of Disbursement Online Advertising | | Category/ Type | Transaction ID : SB17.48901 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2017 | |
| Mailing Address 1 Hacker Way | | | FEC Identification Number C | |
| City Menlo Park | State CA | Zip Code 94025 | Amount of Each Disbursement this Period 742.30 | |
| Purpose of Disbursement Online Advertising | | Category/ Type | Transaction ID : SB17.48902 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Fritsch, Noel, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2017 | |
| Mailing Address 31 Mt. Bolus Road | | | FEC Identification Number C | |
| City Chapel Hill | State NC | Zip Code 27514 | Amount of Each Disbursement this Period 4500.00 | |
| Purpose of Disbursement Staff Payroll | | Category/ Type | Transaction ID : SB17.48816 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5252.33 |
| 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 37 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Fritsch, Noel, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2017 | |
| Mailing Address 31 Mt. Bolus Road | | | FEC Identification Number C | |
| City Chapel Hill | State NC | Zip Code 27514 | Amount of Each Disbursement this Period 4500.00 | |
| Purpose of Disbursement Staff Payroll | | Category/ Type | Transaction ID : SB17.48830 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Fritsch, Noel, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2017 | |
| Mailing Address 31 Mt. Bolus Road | | | FEC Identification Number C | |
| City Chapel Hill | State NC | Zip Code 27514 | Amount of Each Disbursement this Period 1272.66 | |
| Purpose of Disbursement Reimbursements (see below) | | Category/ Type | Transaction ID : SB17.48834 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) c. Airport Van Rental | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2017 | |
| Mailing Address 10501 Delta Pkwy | | | FEC Identification Number C | |
| City Schiller Park | State IL | Zip Code 60176 | Amount of Each Disbursement this Period 475.69 | |
| Purpose of Disbursement Car Rental | | Category/ Type | Transaction ID : SB17.48834.0 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5772.66 |
| 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 38 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | | | |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. American Airlines | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2017 | |
| Mailing Address 4333 Amon Carter Blvd | | | FEC Identification Number C | |
| City Fort Worth | State TX | Zip Code 76155 | Amount of Each Disbursement this Period 728.40 | |
| Purpose of Disbursement Airfare | | Category/ Type | Transaction ID : SB17.48834.1 | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Fritsch, Noel, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017 | |
| Mailing Address 31 Mt. Bolus Road | | | FEC Identification Number C | |
| City Chapel Hill | State NC | Zip Code 27514 | Amount of Each Disbursement this Period 4500.00 | |
| Purpose of Disbursement Staff Payroll | | Category/ Type | Transaction ID : SB17.48846 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Graphics Inc | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2017 | |
| Mailing Address 7865 Green Bay Road | | | FEC Identification Number C | |
| City Kenosha | State WI | Zip Code 53142 | Amount of Each Disbursement this Period 82.29 | |
| Purpose of Disbursement Printing Costs | | Category/ Type | Transaction ID : SB17.48839 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4582.29 |
| 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 39 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Graphics Inc | | Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2017 |
| Mailing Address 7865 Green Bay Road | | FEC Identification Number C |
| City Kenosha | State WI | Zip Code 53142 |
| Purpose of Disbursement Printing Costs | | Amount of Each Disbursement this Period 296.46 |
| Candidate Name | | Transaction ID : SB17.48840 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Graphics Inc | | Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2017 |
| Mailing Address 7865 Green Bay Road | | FEC Identification Number C |
| City Kenosha | State WI | Zip Code 53142 |
| Purpose of Disbursement Printing Costs | | Amount of Each Disbursement this Period 82.29 |
| Candidate Name | | Transaction ID : SB17.48847 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) c. Lira, Gabriela, , , | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2017 |
| Mailing Address 2520 Countryside Drive | | FEC Identification Number C |
| City Delavan | State WI | Zip Code 53115 |
| Purpose of Disbursement Staff Payroll | | Amount of Each Disbursement this Period 3000.00 |
| Candidate Name | | Transaction ID : SB17.48815 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3378.75 |
| 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 40 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Lira, Gabriela, , , | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2017 |
| Mailing Address 2520 Countryside Drive | | FEC Identification Number C |
| City Delavan | State WI | Zip Code 53115 |
| Purpose of Disbursement Staff Payroll | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | | Transaction ID : SB17.48817 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Lira, Gabriela, , , | | Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2017 |
| Mailing Address 2520 Countryside Drive | | FEC Identification Number C |
| City Delavan | State WI | Zip Code 53115 |
| Purpose of Disbursement Reimbursements (see below) | | Amount of Each Disbursement this Period 684.78 |
| Candidate Name | | Transaction ID : SB17.48818 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. Wisconsin Young Republicans | | Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2017 |
| Mailing Address P.O. Box 364 | | FEC Identification Number C |
| City Wales | State WI | Zip Code 53183 |
| Purpose of Disbursement Event Tickets | | Amount of Each Disbursement this Period 372.22 |
| Candidate Name | | Transaction ID : SB17.48818.10 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input checked="" type="checkbox"/> Memo Item |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1684.78 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 48 | | | |
| | <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)
Volunteers for Nehlen

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Lira, Gabriela, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2017 | | |
| Mailing Address 2520 Countryside Drive | | | FEC Identification Number C | | |
| City Delavan | State WI | Zip Code 53115 | | | |
| Purpose of Disbursement Staff Payroll | | | Transaction ID : SB17.48825 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Lira, Gabriela, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2017 | | |
| Mailing Address 2520 Countryside Drive | | | FEC Identification Number C | | |
| City Delavan | State WI | Zip Code 53115 | | | |
| Purpose of Disbursement Staff Payroll | | | Transaction ID : SB17.48829 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Lira, Gabriela, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2017 | | |
| Mailing Address 2520 Countryside Drive | | | FEC Identification Number C | | |
| City Delavan | State WI | Zip Code 53115 | | | |
| Purpose of Disbursement Staff Payroll | | | Transaction ID : SB17.48831 | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 42 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Lira, Gabriela, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2017 | |
| Mailing Address 2520 Countryside Drive | | | FEC Identification Number C | |
| City Delavan | State WI | Zip Code 53115 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Staff Payroll | | Category/ Type | Transaction ID : SB17.48837 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Lira, Gabriela, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2017 | |
| Mailing Address 2520 Countryside Drive | | | FEC Identification Number C | |
| City Delavan | State WI | Zip Code 53115 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Staff Payroll | | Category/ Type | Transaction ID : SB17.48843 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Lira, Gabriela, , , | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2017 | |
| Mailing Address 2520 Countryside Drive | | | FEC Identification Number C | |
| City Delavan | State WI | Zip Code 53115 | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement Staff Payroll | | Category/ Type | Transaction ID : SB17.48900 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4000.00 |
| 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 43 OF 48 | | | |
| | <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)
Volunteers for Nehlen

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mass Markets | | Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2017 |
| Mailing Address 2937 Sierra Ct. SW | | FEC Identification Number C |
| City Iowa City | State IA | Zip Code 52240 |
| Purpose of Disbursement Phone Services | | Amount of Each Disbursement this Period 8440.14 |
| Candidate Name | | Transaction ID : SB17.48828 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Priceline | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2017 |
| Mailing Address 300 Tallapoosa Street | | FEC Identification Number C |
| City Montgomery | State AL | Zip Code 36104 |
| Purpose of Disbursement Lodging | | Amount of Each Disbursement this Period 274.46 |
| Candidate Name | | Transaction ID : SB17.48877 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Time Warner Cable | | Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2017 |
| Mailing Address 60 Columbus Cir | | FEC Identification Number C |
| City New York | State NY | Zip Code 10023 |
| Purpose of Disbursement Television Advertising | | Amount of Each Disbursement this Period 100.00 |
| Candidate Name | | Transaction ID : SB17.48911 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 8814.60 |
| 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 44 OF 48 | | | |
| | <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)
Volunteers for Nehlen

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Time Warner Cable | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2017 | | |
| Mailing Address 60 Columbus Cir | | | FEC Identification Number C | | |
| City New York | State NY | Zip Code 10023 | Amount of Each Disbursement this Period 100.00 | | |
| Purpose of Disbursement Television Advertising | | Category/ Type | Transaction ID : SB17.48912 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Time Warner Cable | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2017 | | |
| Mailing Address 60 Columbus Cir | | | FEC Identification Number C | | |
| City New York | State NY | Zip Code 10023 | Amount of Each Disbursement this Period 4703.05 | | |
| Purpose of Disbursement Television Advertising | | Category/ Type | Transaction ID : SB17.48913 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Town of Delavan | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2017 | | |
| Mailing Address 5621 Town Hall Road | | | FEC Identification Number C | | |
| City Delavan | State WI | Zip Code 53115 | Amount of Each Disbursement this Period 231.84 | | |
| Purpose of Disbursement Event Security | | Category/ Type | Transaction ID : SB17.48833 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5034.89 |
| 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 45 OF 48 | |
| | <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)
Volunteers for Nehlen

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. WCLO-AM / WJVL-FM | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2017 | |
| Mailing Address P.O.Box 5001 | | | FEC Identification Number C | |
| City Janesville | State WI | Zip Code 53547 | Amount of Each Disbursement this Period 590.59 | |
| Purpose of Disbursement Radio Advertising | | Category/ Type | Transaction ID : SB17.48820 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. WCLO-AM / WJVL-FM | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2017 | |
| Mailing Address P.O.Box 5001 | | | FEC Identification Number C | |
| City Janesville | State WI | Zip Code 53547 | Amount of Each Disbursement this Period 590.50 | |
| Purpose of Disbursement Radio Advertising | | Category/ Type | Transaction ID : SB17.48855 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. WorldNetDaily | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2017 | |
| Mailing Address PO Box 1627 | | | FEC Identification Number C | |
| City Medford | State OR | Zip Code 97501 | Amount of Each Disbursement this Period 751.66 | |
| Purpose of Disbursement Donor Gifts | | Category/ Type | Transaction ID : SB17.48845 | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1932.75 |
| TOTAL This Period (last page this line number only).....▶ | 52246.35 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Volunteers for Nehlen** Transaction ID : **SC/10.19754**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) NEHLEN, PAUL III, , , | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 796 | | | |
| City Williams Bay | State WI | ZIP Code 53191 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|--|---|
| Original Amount of Loan 100000.00 | Cumulative Payment To Date 37333.85 | Balance Outstanding at Close of This Period 62666.15 |
|--------------------------------------|--|---|

| | | | | |
|--------------|---------------------------------------|-----------------------------------|--|---|
| TERMS | Date Incurred M 04 / D 16 / Y 2016 | Date Due M M / D D / On Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-----------------------------------|--|---|

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

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

| | |
|---|--------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 62666.15 |
| TOTALS This Period (last page in this line only).....▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Volunteers for Nehlen** Transaction ID : **SC/10.47963**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) NEHLEN, PAUL III, , , | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 796 | | | |
| City Williams Bay | State WI | ZIP Code 53191 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 32.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 32.00 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-----------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 23 / Y 2017 | Date Due M M / D D / On Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-----------------------------------|--|---|

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

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

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 32.00 |
| TOTALS This Period (last page in this line only).....▶ | 62698.15 |

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Volunteers for Nehlen

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Time Warner Cable | | | Nature of Debt (Purpose): Television Advertising- Late Arriving Invoice |
| Mailing Address 60 Columbus Cir | | | |
| City New York | State NY | Zip Code 10023 | |

| | | | |
|--|--------------------------------|---|--|
| Outstanding Balance Beginning This Period 4903.05 | | Transaction ID : SD10.47940 | |
| Amount Incurred This Period 0.00 | Payment This Period 4903.05 | Outstanding Balance at Close of This Period 0.00 | |

| | | | |
|--|-------|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional) | 0.00 |
| 2) TOTALS This Period (last page this line number only) | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |