



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		133633.78
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	800448.23									
(c) Total Receipts (from Line 19) .....	75265.27	10014665.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	875713.50	10148299.58								
7. Total Disbursements (from Line 31) .....	588777.98	9861364.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	286935.52	286935.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7885.00	725464.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	64631.67	980190.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	72516.67	1705654.48
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	124655.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	72516.67	1830309.48
12. Transfers From Affiliated/Other Party Committees .....	0.00	8158203.40
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	2748.60	26152.92
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	75265.27	10014665.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	75265.27	10014665.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	4410.44	50977.79
(i) Federal Share.....		
(ii) Non-Federal Share.....	11341.16	131085.95
(b) Other Federal Operating Expenditures.....	53563.19	756939.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	69314.79	939003.17
22. Transfers to Affiliated/Other Party Committees.....	340000.00	3405800.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	6640.76
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	25000.00
26. Loan Repayments Made.....	26543.70	26543.70
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	75.00	5525.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	75.00	6525.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	152844.49	5451851.43
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	152844.49	5451851.43
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	588777.98	9861364.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	577436.82	9730278.11

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	72516.67	1830309.48
34. Total Contribution Refunds (from Line 28(d)) .....	75.00	6525.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72441.67	1823784.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	57973.63	807917.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2748.60	26152.92
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	55225.03	781764.30

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

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

FOR LINE NUMBER: PAGE 6 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Joanne Aulenbacher

Mailing Address N6122 Wolf River Rd

City State Zip Code  
Shawano WI 54166

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36889

Amount of Each Receipt this Period  
25.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Charles Balts

Mailing Address 4510 Putter Dr

City State Zip Code  
Eau Claire WI 54701

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

Name of Employer Occupation  
Held Homes General Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.36859

Amount of Each Receipt this Period  
20.00

Contribution

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

Mailing Address 930 25th Place

City State Zip Code  
Wisconsin Rapids WI 54494

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

Name of Employer Occupation  
N/A retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36888

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address 1810 Wedgewood Dr. East

City State Zip Code  
Elm Grove WI 53122

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

Name of Employer: Franciscian Shared Lab   Occupation: Secretary

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
12 / 18 / 2008

**Transaction ID:** SA11AI.36876

Amount of Each Receipt this Period: 500.00

Contribution

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

Mailing Address 2813 12th Str

City State Zip Code  
Two Rivers WI 54241

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

Name of Employer: Information Requested   Occupation: Information Requested

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
12 / 12 / 2008

**Transaction ID:** SA11AI.36854

Amount of Each Receipt this Period: 100.00

Contribution

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

Mailing Address 2016 Bay Pt Ln

City State Zip Code  
Hartland WI 53029

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

Name of Employer: Perlick Corp   Occupation: Executive

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
12 / 01 / 2008

**Transaction ID:** SA11AI.36924

Amount of Each Receipt this Period: 300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Don Bleser

Mailing Address 1804 30th St

City State Zip Code  
Two Rivers WI 54241

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

Name of Employer Occupation  
N/a Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.36949

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Don Bleser

Mailing Address 1804 30th St

City State Zip Code  
Two Rivers WI 54241

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

Name of Employer Occupation  
N/a Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.36875

Amount of Each Receipt this Period

150.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Ellen Buck

Mailing Address 3601 Sunset Dr

City State Zip Code  
Madison WI 53705

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.36887

Amount of Each Receipt this Period

100.00

Contribution

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

300.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Hertha Dederig		Date of Receipt
	Mailing Address 2129 Illinois Ave		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New Holstein	WI	53061
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.36897
Name of Employer Information requested		Occupation Information requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="600.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) William Flader		Date of Receipt
	Mailing Address 17 Fuller Drive		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Madison	WI	53704
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.36940
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="750.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Alvin Greason		Date of Receipt
	Mailing Address N8145 School Forrest Lane		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Crivitz	WI	54114
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.36852
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="550.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 111  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Richard Grossman

Mailing Address 11702 W Mequon Road 112N

City State Zip Code  
Mequon WI 53097

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

Name of Employer Occupation  
Kromer Cap Co., Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2008

Transaction ID: SA11AI.36866

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
William Hawley

Mailing Address 830 12th Ave

City State Zip Code  
Baldwin WI 54002

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2008

Transaction ID: SA11AI.36863

Amount of Each Receipt this Period  
100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Charles Heide

Mailing Address 5825 Sixth Place

City State Zip Code  
Kenosha WI 53144

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

Name of Employer Occupation  
Vesta, Inc Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2008

Transaction ID: SA11AI.36945

Amount of Each Receipt this Period  
150.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Kathryn Heide

Mailing Address 5825 6th Pl

City State Zip Code  
Kenosha WI 53144

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

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.36850

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Wallace Hepkema

Mailing Address 10712th Street

City State Zip Code  
Racine WI 53403

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

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.36928

Amount of Each Receipt this Period  
100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Harold Hoops

Mailing Address 3363 Beach Lane

City State Zip Code  
Green Bay WY 54311-7258

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

Name of Employer Information requested Occupation Information requested  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.36864

Amount of Each Receipt this Period  
50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Donald Huebner

Mailing Address 18502 White Pine Lane

City State Zip Code  
Richland Center WI 53581

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36890

Amount of Each Receipt this Period  
100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Gerald Jensen

Mailing Address 869 Glenway Rc

City State Zip Code  
Oregon WI 53575

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

Name of Employer Self Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.36941

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address 5717 N. Ames Terrace

City State Zip Code  
Glendale WI 53209

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

Name of Employer Retired Occupation Educator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** SA11AI.36851

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
David Kachel

Mailing Address 513 W Center St

City State Zip Code  
Whitewater WI 53190

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

Name of Employer Self Occupation  
Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

**Transaction ID:** SA11AI.36853

Amount of Each Receipt this Period  
200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
David Kachel

Mailing Address 513 W Center St

City State Zip Code  
Whitewater WI 53190

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

Name of Employer Self Occupation  
Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36892

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Herbert Kohler

Mailing Address 441 Green Tree Road

City State Zip Code  
Kohler WI 53044

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

Name of Employer The Kohler Company Occupation  
Chairman/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36891

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
John Krueger

Mailing Address 4200 Birch Lane

City Rhinelander State WI Zip Code 54501

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

Name of Employer Krueger Law Office Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 12 / 30 / 2008  
Transaction ID: SA11AI.36895  
Amount of Each Receipt this Period 50.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Stewart Lamb

Mailing Address 4829 N Hollywood Ave

City Milwaukee State WI Zip Code 53217

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2008  
Transaction ID: SA11AI.36872  
Amount of Each Receipt this Period 50.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Richard Larson

Mailing Address 4920 S Lowes Creek Rd

City Eau Claire State WI Zip Code 54701

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

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 04 / 2008  
Transaction ID: SA11AI.36938  
Amount of Each Receipt this Period 25.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Vincent Limmex

Mailing Address 4950 County Rd C

City State Zip Code  
Spring Green WI 53588

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.36862

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Donald Linder

Mailing Address 619 Aber Dr

City State Zip Code  
Waterford WI 53185

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

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.36951

Amount of Each Receipt this Period  
75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Samuel Lowe

Mailing Address 3900 N Main St #112

City State Zip Code  
Racine WI 53402-3600

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

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

**Transaction ID:** SA11AI.36923

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address 1216 Bluff St

City State Zip Code  
LaCrosse WI 54601

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

Name of Employer Information requested Occupation Information requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2008

**Transaction ID:** SA11AI.36855

Amount of Each Receipt this Period  
100.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Nicholas May

Mailing Address 3102 Old Gate Road, #A

City State Zip Code  
Madison WI 53704

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

Name of Employer Refrigeration Systems, Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2008

**Transaction ID:** SA11AI.36898

Amount of Each Receipt this Period  
100.00

Contribution

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

Mailing Address W515 Dunphy Rd

City State Zip Code  
Albany WI 53502

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

Name of Employer Self Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2008

**Transaction ID:** SA11AI.36879

Amount of Each Receipt this Period  
55.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address 4933 Evergreen Drive

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer: Miller Engineers & Scientists  
Occupation: Civ. Engr.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
753.00

Date of Receipt: 12 / 15 / 2008  
**Transaction ID:** SA11AI.36857  
 Amount of Each Receipt this Period: 100.00  
 Contribution

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

Mailing Address N2861 Mode Ln

City State Zip Code  
Fort Atkinson WI 53538

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

Name of Employer: Self  
Occupation: Dairy Farmer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 12 / 15 / 2008  
**Transaction ID:** SA11AI.36860  
 Amount of Each Receipt this Period: 100.00  
 Contribution

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

Mailing Address 360 Indigo Trail Rd

City State Zip Code  
River Falls WI 54022

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

Name of Employer: Self  
Occupation: Home Builder

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 09 / 09 / 2008  
**Transaction ID:** SA11AI.36848  
 Amount of Each Receipt this Period: 300.00  
 Best Efforts Compliance  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Delos Nelson

Mailing Address 202 Mounth Washington Ave

City State Zip Code  
Eau Claire WI 54703

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

Name of Employer Information requested Occupation Information requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.36858

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dale Nordeen

Mailing Address 4206 Yuma Dr.

City State Zip Code  
Madison WI 53711

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.36886

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Richard Nordeng

Mailing Address 114 Everglade Dr

City State Zip Code  
Madison WI 53717-1112

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

Name of Employer Information requested Occupation Information requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.36873

Amount of Each Receipt this Period

100.00

Contribution

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

300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Fred Panzer		Date of Receipt
	Mailing Address W6375 Firelane 8		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Menasha	WI	54952
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.36874
Name of Employer Radiology Assn of Applet		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	<input type="text" value="250.00"/>
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) David Paulus		Date of Receipt
	Mailing Address 12916 N Fox Hollow Rd		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mequon	WI	53097
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.36885
Name of Employer Wasco		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="100.00"/>
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Marianne Pittman		Date of Receipt
	Mailing Address 230 21st St S		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	La Crosse	WI	54601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.36870
Name of Employer Information requested		Occupation Information requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="35.00"/>
Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="385.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Timothy Poser</p> <p>Mailing Address 2070 La Chandelle Ct</p> <p>City State Zip Code Brookfield WI 53045</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Dentist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.36996</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) James Raffel</p> <p>Mailing Address 2006 N 24th St</p> <p>City State Zip Code Sheboygan WI 53081</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 5 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.36861</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Rood</p> <p>Mailing Address 1608 W Winslow Drive</p> <p>City State Zip Code Mequon WI 53092</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.36894</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution</p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">450.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 21 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address PO Box 435

City State Zip Code  
Shawno WI 54166-0435

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 8

**Transaction ID:** SA11AI.36867

Amount of Each Receipt this Period  
100.00

Contribution

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

Mailing Address 10819 Ashmont Dr

City State Zip Code  
Boca Raton FL 33498

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

Name of Employer Information requested Occupation Information requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36896

Amount of Each Receipt this Period  
100.00

Contribution

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

Mailing Address PO Box 396

City State Zip Code  
Racine WI 53402

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

Name of Employer Information requested Occupation Information requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.36937

Amount of Each Receipt this Period  
250.00

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
David Schmitz

Mailing Address W7246 Sunset Ln

City Spooner State WI Zip Code 54801

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

Name of Employer Self Employed Occupation Store Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2008  
**Transaction ID:** SA11AI.36869  
 Amount of Each Receipt this Period 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dona Schoonover

Mailing Address E8911 N Ashbury Road

City Viroqua State WI Zip Code 54665

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2008  
**Transaction ID:** SA11AI.36871  
 Amount of Each Receipt this Period 100.00  
 Contribution

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

Mailing Address PO Box 1927

City La Crosse State WI Zip Code 54601

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

Name of Employer Hale, Skemp, Hanson Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 12 / 15 / 2008  
**Transaction ID:** SA11AI.36865  
 Amount of Each Receipt this Period 100.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 111  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Joan Stein

Mailing Address 2055 West Dean Road

City State Zip Code  
Milwaukee WI 53217

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

Name of Employer N/A Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36893

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jack Steinhilber

Mailing Address 5730 I Ah May Tah Rd

City State Zip Code  
Oshkosh WI 54901

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.36939

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address 72303 Pufal Rd

City State Zip Code  
High Bridge WI 54846

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

Name of Employer North Country Lumber Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 0 8

**Transaction ID:** SA11AI.36919

Amount of Each Receipt this Period  
150.00

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Patrick Suprise

Mailing Address 136 S Pine Ct

City State Zip Code  
Appleton WI 54914

FEC ID number of contributing federal political committee. C

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 15 / 2008

**Transaction ID:** SA11AI.36856

Amount of Each Receipt this Period 100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Richard Teerlink

Mailing Address 1765 Wedgewood West Dr

City State Zip Code  
Elm Grove WI 53122

FEC ID number of contributing federal political committee. C

Name of Employer N/a Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 16 / 2008

**Transaction ID:** SA11AI.36868

Amount of Each Receipt this Period 250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Joanne Tierney

Mailing Address 3564 Egge Rd

City State Zip Code  
De Forest WI 53532

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 19 / 2008

**Transaction ID:** SA11AI.37000

Amount of Each Receipt this Period 50.00

Contribution

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 111  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Jack Voight

Mailing Address 2508 N. Richmond St.

City State Zip Code  
Appleton WI 54911

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

Name of Employer State of Wisconsin Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2008

Transaction ID: SA11AI.36880

Amount of Each Receipt this Period  
50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Walter Wartolec

Mailing Address 927 Cornell Court

City State Zip Code  
Madison WI 53705

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

Name of Employer Blackhawk Investments Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2008

Transaction ID: SA11AI.36912

Amount of Each Receipt this Period  
50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Walter Wartolec

Mailing Address 927 Cornell Court

City State Zip Code  
Madison WI 53705

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

Name of Employer Blackhawk Investments Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2008

Transaction ID: SA11AI.36884

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7885.00</b>

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

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

FOR LINE NUMBER: PAGE 26 / 111  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
FedEx  
Mailing Address PO Box 1140  
City Memphis State TN Zip Code 38101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 391.33  
Date of Receipt 12 / 30 / 2008  
Transaction ID: SA15.36883  
Amount of Each Receipt this Period 391.33  
Refund of overpmt

**B.** Full Name (Last, First, Middle Initial)  
LQ Management LLC  
Mailing Address 909 Hidden Ridge Suite 600  
City Irving State TX Zip Code 75038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 703.52  
Date of Receipt 11 / 25 / 2008  
Transaction ID: SA15.36909  
Amount of Each Receipt this Period 703.52  
Reimbursement for hotel overpmt

**C.** Full Name (Last, First, Middle Initial)  
United States Postal Services  
Mailing Address PO Box 5066  
City Milwaukee State WI Zip Code 53201-5066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1122.30  
Date of Receipt 11 / 28 / 2008  
Transaction ID: SA15.36908  
Amount of Each Receipt this Period 523.82  
BRM Reimbursement

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1618.67  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 111  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address

City State Zip Code  
Austin TX

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1814.62

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 6 / 2 0 0 8

**Transaction ID:** SA15.36899

Amount of Each Receipt this Period  
78.44

Refund of overpmt

**B.** Full Name (Last, First, Middle Initial)  
United States Treasury

Mailing Address

City State Zip Code  
Austin TX

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1864.88

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 6 / 2 0 0 8

**Transaction ID:** SA15.36900

Amount of Each Receipt this Period  
50.26

Refund of Overpmt

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

Mailing Address PO Box 830

City State Zip Code  
Wisconsin Dells WI 53965

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 8

**Transaction ID:** SA15.36882

Amount of Each Receipt this Period  
1000.00

Refund of deposit

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1128.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2747.37</b>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: SB21B.36605
	Mailing Address PO Box 53852	Date of Disbursement MM / DD / YYYY 11 / 25 / 2008
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 4.50
	Purpose of Disbursement Credit card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: SB21B.36606
	Mailing Address PO Box 53852	Date of Disbursement MM / DD / YYYY 11 / 25 / 2008
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 3.55
	Purpose of Disbursement Credit card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: SB21B.36627
	Mailing Address PO Box 53852	Date of Disbursement MM / DD / YYYY 12 / 09 / 2008
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 4.95
	Purpose of Disbursement Credit card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	13.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: SB21B.36630 Date of Disbursement																			
	Mailing Address PO Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	2	/	2	0	0	8												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card processing fee	<table border="1"><tr><td>0.89</td></tr></table>	0.89																		
0.89																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CD Inc.	Transaction ID: SB21B.36590 Date of Disbursement																			
	Mailing Address PO Box 1877	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	5	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	5	/	2	0	0	8												
	City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet ads	<table border="1"><tr><td>412.56</td></tr></table>	412.56																		
412.56																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Dell Catalog Sales L.P.	Transaction ID: SB21B.36674 Date of Disbursement																			
	Mailing Address Box 676032	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	3	0	/	2	0	0	8												
	City Dallas State TX Zip Code 75267	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Server	<table border="1"><tr><td>5113.89</td></tr></table>	5113.89																		
5113.89																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5527.34</td></tr></table>	5527.34
5527.34		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Domino's Pizza - La Crosse <hr/> Mailing Address 2402 State Rd <hr/> City LaCrosse State WI Zip Code 54601 <hr/> Purpose of Disbursement 11/26 Fadness reimbursement: pizza Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.36821 Date of Disbursement 10 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 22.41 <hr/> <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Domino's Pizza - La Crosse <hr/> Mailing Address 2402 State Rd <hr/> City LaCrosse State WI Zip Code 54601 <hr/> Purpose of Disbursement 11/26 Fadness reimbursement: pizza Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.36818 Date of Disbursement 11 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 39.98 <hr/> <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Domino's Pizza - La Crosse <hr/> Mailing Address 2402 State Rd <hr/> City LaCrosse State WI Zip Code 54601 <hr/> Purpose of Disbursement 11/26 Fadness reimbursement: pizza Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.36820 Date of Disbursement 11 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 69.25 <hr/> <b>[MEMO ITEM]</b>

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 31 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) eDonation.com</p> <p>Mailing Address 118 North Saint Asaph St.</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement e-donation fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.36621</p> <p>Date of Disbursement 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 35.79</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) eDonation.com</p> <p>Mailing Address 118 North Saint Asaph St.</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement e-donation fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.36626</p> <p>Date of Disbursement 12 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 4.71</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Executive Travel Associates</p> <p>Mailing Address 1333 New Hampshire Ave NW Suite 701</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement 11/25 T.Thompson Expenses: Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.36901</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1026.00</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>40.50</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Executive Travel Associates	Transaction ID: SB21B.36903 Date of Disbursement 10 / 08 / 2008
	Mailing Address 1333 New Hampshire Ave NW Suite 701	Amount of Each Disbursement this Period 2640.50
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement 11/25 T.Thompson Expenses: airfare	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Joe Fadness	Transaction ID: SB21B.36740 Date of Disbursement 11 / 26 / 2008
	Mailing Address 720 N Old World 3rd St	Amount of Each Disbursement this Period 484.43
	City Milwaukee State WI Zip Code 53203	
	Purpose of Disbursement Expense reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Joe Fadness	Transaction ID: SB21B.36743 Date of Disbursement 12 / 01 / 2008
	Mailing Address 720 N Old World 3rd St	Amount of Each Disbursement this Period 85.68
	City Milwaukee State WI Zip Code 53203	
	Purpose of Disbursement Mileage reimbursement	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	570.11
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement 12/30 CC Pmt: shipping Candidate Name	Transaction ID: SB21B.36793 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 15.55

[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) George Webb Mailing Address 19555 W Bluemound Rd City Brookfield State WI Zip Code 53045 Purpose of Disbursement 12/15 Trovato reimbursement: food Candidate Name	Transaction ID: SB21B.36805 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 10.05

[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Laura Galton Mailing Address N24 W30440 Crystal Springs Dr. City Pewaukee State WI Zip Code 53072 Purpose of Disbursement Fundraising consulting Candidate Name	Transaction ID: SB21B.36717 Date of Disbursement 12 / 10 / 2008 Amount of Each Disbursement this Period 5000.00

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Hammond Greetings

Mailing Address 147 W Election Rd, Ste 200

City State Zip Code  
Draper UT 84020

Purpose of Disbursement  
12/30 CC Pmt: Cards

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.36797  
Date of Disbursement

12 / 03 / 2008

Amount of Each Disbursement this Period

646.73

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Heinzen Printing Inc.

Mailing Address P.O. Box 267

City State Zip Code  
Marshfield WI 54449

Purpose of Disbursement  
Envelope Printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.36593  
Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

1230.30

C.

Full Name (Last, First, Middle Initial)  
Juston Johnson

Mailing Address 820 Williamson Street

City State Zip Code  
Madison WI 53703

Purpose of Disbursement  
Expense/Mileage reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.36655  
Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

94.80

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

1325.10

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Krystal Kastle of Alaska	Transaction ID: SB21B.36794 Date of Disbursement 11 / 19 / 2008
	Mailing Address PO Box 242442	Amount of Each Disbursement this Period 500.00
	City Anchorage State AK Zip Code 99524	
	Purpose of Disbursement 12/30 CC Pmt: Crystal Elephants	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Krystal Kastle of Alaska	Transaction ID: SB21B.36796 Date of Disbursement 11 / 19 / 2008
	Mailing Address PO Box 242442	Amount of Each Disbursement this Period 280.00
	City Anchorage State AK Zip Code 99524	
	Purpose of Disbursement 12/30 CC Pmt: Crystal elephants	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) M&I Bank Credit Card Processing Center	Transaction ID: SB21B.36671 Date of Disbursement 12 / 30 / 2008
	Mailing Address PO Box 3052	Amount of Each Disbursement this Period 1615.21
	City Milwaukee State WI Zip Code 53201	
	Purpose of Disbursement Credit card payment	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1615.21
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin <hr/> Mailing Address P.O. Box 5920 <hr/> City Madison State WI Zip Code 53705 <hr/> Purpose of Disbursement Bank fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.36567 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 45.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin <hr/> Mailing Address P.O. Box 5920 <hr/> City Madison State WI Zip Code 53705 <hr/> Purpose of Disbursement Bank fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.36607 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 179.80
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin <hr/> Mailing Address P.O. Box 5920 <hr/> City Madison State WI Zip Code 53705 <hr/> Purpose of Disbursement Bank fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.36726 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 302.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	526.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.36737
	Mailing Address P.O. Box 5920	Date of Disbursement 11 / 25 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 355.00
	Purpose of Disbursement Bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.36622
	Mailing Address P.O. Box 5920	Date of Disbursement 11 / 30 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 88.11
	Purpose of Disbursement Interest on LOC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.36568
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 11 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Bank Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>488.11</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.36629
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 11 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 217.07
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.36732
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 11 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 65.00
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.36765
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 11 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>327.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.36712
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 31 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 91.43
	Purpose of Disbursement Interest on LOC	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.36604
	Mailing Address P.O. Box 5920	Date of Disbursement 11 / 25 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 760.87
	Purpose of Disbursement Credit card processing fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.36715
	Mailing Address P.O. Box 5920	Date of Disbursement 11 / 25 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 21.63
	Purpose of Disbursement Credit card processing fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>873.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.36628
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 10 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 337.27
	Purpose of Disbursement Credit card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.36718
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 10 / 2008
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 12.95
	Purpose of Disbursement Credit card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.36792
	Mailing Address #774100, 4100 Solutions Center	Date of Disbursement 11 / 12 / 2008
	City Chicago State IL Zip Code 60677-4001	Amount of Each Disbursement this Period 19.95
	Purpose of Disbursement 12/30 CC Pmt: cc processing fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

350.22

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) PostMaster <hr/> Mailing Address PO Box 7005 <hr/> City Madison State WI Zip Code 53707 <hr/> Purpose of Disbursement Bulk Mail Permit Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.36595 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 180.00
	Category/ Type
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) PostMaster <hr/> Mailing Address PO Box 7005 <hr/> City Madison State WI Zip Code 53707 <hr/> Purpose of Disbursement Stamps Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.36624 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 210.00
	Category/ Type
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) PostMaster <hr/> Mailing Address PO Box 7005 <hr/> City Madison State WI Zip Code 53707 <hr/> Purpose of Disbursement Business reply mail postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.36654 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kate Proctor</p> <p>Mailing Address 1501 Cass St</p> <p>City LaCrosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 11/26 Fadness reimbursement: food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.36816</p> <p>Date of Disbursement 11 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 198.70</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Purchase Power</p> <p>Mailing Address Po Box 856042</p> <p>City Louisville State KY Zip Code 40285</p> <p>Purpose of Disbursement Postage for meter</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.36705</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) RMA Chauffeured Transportation</p> <p>Mailing Address 6010 Executive Blvd #101</p> <p>City Rockville State MD Zip Code 20852</p> <p>Purpose of Disbursement 11/25 T.Thompson Expenses:Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.36904</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 952.90</p> <p><b>[MEMO ITEM]</b></p>

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

2000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Sprizzo Gallery Caffe

Mailing Address 378 W Main St

City Waukesha State WI Zip Code 53186

Purpose of Disbursement  
12/15 Trovato reimbursement: food

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.36803  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

8.65

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Sunny's Executive Sedan Service, Inc.

Mailing Address 5252 Cherokee Ave #220

City Alexandria State VA Zip Code 22312

Purpose of Disbursement  
11/25 T.Thompson Expenses:Transportation

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.36906  
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

380.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
The Champion Group

Mailing Address 6652 Offshore Drive

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Political consulting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.36716  
Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) The Champion Group	Transaction ID: SB21B.36719 Date of Disbursement 12 / 18 / 2008
	Mailing Address 6652 Offshore Drive	Amount of Each Disbursement this Period 3000.00
	City Madison State WI Zip Code 53705	
	Purpose of Disbursement Political consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tommy Thompson	Transaction ID: SB21B.36569 Date of Disbursement 11 / 25 / 2008
	Mailing Address 609 Academy St	Amount of Each Disbursement this Period 5000.00
	City Elroy State WI Zip Code 53929	
	Purpose of Disbursement Expense reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tony's Instant Litho Printing	Transaction ID: SB21B.36708 Date of Disbursement 12 / 31 / 2008
	Mailing Address 2249 Sherman Avenue	Amount of Each Disbursement this Period 1196.54
	City Madison State WI Zip Code 53704	
	Purpose of Disbursement Form printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9196.54
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.36601 Date of Disbursement 11 / 25 / 2008
	Mailing Address 925 Harrington Drive	Amount of Each Disbursement this Period 500.00
	City Madison State WI Zip Code 53718	
	Purpose of Disbursement Quarterly management fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.36602 Date of Disbursement 11 / 25 / 2008
	Mailing Address 925 Harrington Drive	Amount of Each Disbursement this Period 7487.15
	City Madison State WI Zip Code 53718	
	Purpose of Disbursement Finance mailing - not FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.36709 Date of Disbursement 12 / 31 / 2008
	Mailing Address 925 Harrington Drive	Amount of Each Disbursement this Period 1000.00
	City Madison State WI Zip Code 53718	
	Purpose of Disbursement Finance mailing - not FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8987.15
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.36710 Date of Disbursement 12 / 31 / 2008
	Mailing Address 925 Harrington Drive	Amount of Each Disbursement this Period 7980.83
	City Madison State WI Zip Code 53718	
	Purpose of Disbursement Finance mailing - not FEA Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.36711 Date of Disbursement 12 / 31 / 2008
	Mailing Address 925 Harrington Drive	Amount of Each Disbursement this Period 3000.00
	City Madison State WI Zip Code 53718	
	Purpose of Disbursement Finance mailing - not FEA Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS Store LaCrosse	Transaction ID: SB21B.36822 Date of Disbursement 11 / 06 / 2008
	Mailing Address 317 4th St S	Amount of Each Disbursement this Period 154.09
	City La Crosse State WI Zip Code 54301	
	Purpose of Disbursement 11/26 Fadness reimbursement: shipping Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

10980.83

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Walmart Mailing Address 4198 Nakoosa Trail City Madison State WI Zip Code 53714 Purpose of Disbursement 12/30 CC Pmt: Office fridge Candidate Name	Transaction ID: SB21B.36799 Date of Disbursement 12 / 04 / 2008 Amount of Each Disbursement this Period 152.98

[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Wilderness Resort Mailing Address PO Box 830 City Wisconsin Dells State WI Zip Code 53965 Purpose of Disbursement Cabin deposit Candidate Name	Transaction ID: SB21B.36570 Date of Disbursement 11 / 25 / 2008 Amount of Each Disbursement this Period 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) Wisc. Dept of Revenue - Sls Tax Mailing Address PO Box 93389 City Milwaukee State WI Zip Code 53293 Purpose of Disbursement Sales/Use Tax Candidate Name	Transaction ID: SB21B.36620 Date of Disbursement 11 / 26 / 2008 Amount of Each Disbursement this Period 665.78

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1665.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Wisc. Dept of Revenue - Sls Tax

Mailing Address PO Box 93389

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement

Sales/Use tax

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.36673

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

100.63

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

100.63

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

52978.32



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

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

FOR LINE NUMBER: (check only one)

PAGE 49 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) RNC	Transaction ID: SB22.36731 Date of Disbursement 12 / 03 / 2008
	Mailing Address 310 First Street SE	Amount of Each Disbursement this Period 272000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Transfer	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RNC	Transaction ID: SB22.36751 Date of Disbursement 12 / 03 / 2008
	Mailing Address 310 First Street SE	Amount of Each Disbursement this Period 68000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Transfer	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	340000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	340000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Payoff of LOC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26.36713  
Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

2843.70

**B.** Full Name (Last, First, Middle Initial)  
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Payoff of LOC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26.36714  
Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

23700.00

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

26543.70

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

26543.70

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Employee simple IRA

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36603

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

820.61

**B.** Full Name (Last, First, Middle Initial)  
American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Employee simple IRA

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36657

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

892.51

**C.** Full Name (Last, First, Middle Initial)  
American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Employee simple IRA

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36676

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

961.44

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

2674.56

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Americinn of Madison	Transaction ID: SB30B.36845 Date of Disbursement 11 / 05 / 2008
	Mailing Address 101 W Broadway	Amount of Each Disbursement this Period 3088.20
	City Monona State WI Zip Code 53716	
	Purpose of Disbursement 12/3 CC Pmt: 72hr hotel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB30B.36742 Date of Disbursement 12 / 01 / 2008
	Mailing Address PO Box 9100	Amount of Each Disbursement this Period 291.02
	City Aurora State IL Zip Code 60507	
	Purpose of Disbursement VoIP Phone bill	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB30B.36750 Date of Disbursement 12 / 02 / 2008
	Mailing Address PO Box 9100	Amount of Each Disbursement this Period 644.79
	City Aurora State IL Zip Code 60507	
	Purpose of Disbursement Phone bill	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>935.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB30B.36761
	Mailing Address PO Box 9100	Date of Disbursement MM / DD / YYYY 12 / 09 / 2008
	City Aurora State IL Zip Code 60507	Amount of Each Disbursement this Period 166.54
	Purpose of Disbursement Phone bill	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bartz's Party Store	Transaction ID: SB30B.36774
	Mailing Address 4150 S 108th	Date of Disbursement MM / DD / YYYY 10 / 01 / 2008
	City Greenfield State WI Zip Code 53220	Amount of Each Disbursement this Period 10.19
	Purpose of Disbursement 11/25 Kuehn Reimbursement: supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Beloit Properties	Transaction ID: SB30B.36847
	Mailing Address 655 Third St	Date of Disbursement MM / DD / YYYY 12 / 04 / 2008
	City Beloit State WI Zip Code 53511	Amount of Each Disbursement this Period 252.76
	Purpose of Disbursement 12/5 Rock Co GOP reimbursement:utilities	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	166.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Best Western Hudson House  Mailing Address 1616 Crestview Dr  City Hudson State WI Zip Code 54016  Purpose of Disbursement 72-hr deployment hotel Candidate Name <input type="text"/> Category/Type <input type="text"/>  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:	Transaction ID: SB30B.36758 Date of Disbursement 12 / 05 / 2008  Amount of Each Disbursement this Period 928.65
B.	Full Name (Last, First, Middle Initial) Best Western La Crosse  Mailing Address 1835 Rose St  City LaCrosse State WI Zip Code 54601  Purpose of Disbursement 12/3 CC Pmt: 72hr hotel Candidate Name <input type="text"/> Category/Type <input type="text"/>  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:	Transaction ID: SB30B.36841 Date of Disbursement 11 / 06 / 2008  Amount of Each Disbursement this Period 1271.04  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Dudley Bowlby  Mailing Address 250 Femrite Drive  City Madison State WI Zip Code 53716  Purpose of Disbursement Payroll Candidate Name <input type="text"/> Category/Type <input type="text"/>  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:	Transaction ID: SB30B.36608 Date of Disbursement 11 / 26 / 2008  Amount of Each Disbursement this Period 447.99

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

1376.64

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.36642 Date of Disbursement 12 / 15 / 2008
	Mailing Address 250 Femrite Drive	Amount of Each Disbursement this Period 801.10
	City Madison State WI Zip Code 53716	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.36690 Date of Disbursement 12 / 31 / 2008
	Mailing Address 250 Femrite Drive	Amount of Each Disbursement this Period 424.54
	City Madison State WI Zip Code 53716	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BP Gasoline - Wausau	Transaction ID: SB30B.36825 Date of Disbursement 10 / 17 / 2008
	Mailing Address 4600 Rib Mountain Dr	Amount of Each Disbursement this Period 44.85
	City Wausau State WI Zip Code 54401	
	Purpose of Disbursement 11/25 Gilbert reimbursement: gas	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1225.64
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Matthew Brabender	Transaction ID: SB30B.36609
	Mailing Address 3914 Rieder Road #1	Date of Disbursement MM / DD / YYYY 11 / 26 / 2008
	City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 377.25
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matthew Brabender	Transaction ID: SB30B.36643
	Mailing Address 3914 Rieder Road #1	Date of Disbursement MM / DD / YYYY 12 / 15 / 2008
	City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 589.44
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Matthew Brabender	Transaction ID: SB30B.36691
	Mailing Address 3914 Rieder Road #1	Date of Disbursement MM / DD / YYYY 12 / 31 / 2008
	City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period 333.43
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1300.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Travis B. Brantmeyer	Transaction ID: SB30B.36610 Date of Disbursement
	Mailing Address 8570 Greenway Blvd #209	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="643.48"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Travis B. Brantmeyer	Transaction ID: SB30B.36644 Date of Disbursement
	Mailing Address 8570 Greenway Blvd #209	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="761.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Travis B. Brantmeyer	Transaction ID: SB30B.36692 Date of Disbursement
	Mailing Address 8570 Greenway Blvd #209	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="558.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1963.39"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
CBL & Associates Properties Inc.

Mailing Address 89 East Towne Mall

City Madison State WI Zip Code 53704

Purpose of Disbursement  
12/17 Mize reimbursement: gift cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB30B.51709  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Charter Communications

Mailing Address 135 South LaSalle Street Dept 8123

City Chicago State IL Zip Code 60674

Purpose of Disbursement  
Cable

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB30B.36749  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
Molly Christianson

Mailing Address 5133 Woodfield Dr.

City Carmel State IN Zip Code 46033

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB30B.36572  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Molly Christianson

Mailing Address 5133 Woodfield Dr.

City Carmel State IN Zip Code 46033

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36631

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

84.86

B.

Full Name (Last, First, Middle Initial)  
Molly Christianson

Mailing Address 5133 Woodfield Dr.

City Carmel State IN Zip Code 46033

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36677

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

48.48

C.

Full Name (Last, First, Middle Initial)  
Comfort Suites Appleton

Mailing Address 3809 W Wisconsin Ave

City Appleton State WI Zip Code 54914

Purpose of Disbursement  
12/3 CC Pmt: 72hr hotel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36834

Date of Disbursement

11 / 06 / 2008

Amount of Each Disbursement this Period

3742.97

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

133.34

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Dean Care Mailing Address PO Box 88610 City Milwaukee State WI Zip Code 53288 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.36584 Date of Disbursement 11 / 25 / 2008
	Amount of Each Disbursement this Period 3085.83
	Category/ Type
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Dean Care Mailing Address PO Box 88610 City Milwaukee State WI Zip Code 53288 Purpose of Disbursement Health insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.36669 Date of Disbursement 12 / 30 / 2008
	Amount of Each Disbursement this Period 3085.83
	Category/ Type
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Delta Dental Mailing Address PO Box 828 City Stevens Point State WI Zip Code 54481 Purpose of Disbursement Dental Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.36585 Date of Disbursement 11 / 25 / 2008
	Amount of Each Disbursement this Period 433.69
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6605.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: SB30B.36670
	Mailing Address PO Box 828	Date of Disbursement MM / DD / YYYY 12 / 30 / 2008
	City Stevens Point State WI Zip Code 54481	Amount of Each Disbursement this Period 433.69
	Purpose of Disbursement Dental insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Richard Dickie	Transaction ID: SB30B.36611
	Mailing Address 126 North Blair Street #1	Date of Disbursement MM / DD / YYYY 11 / 26 / 2008
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 989.20
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richard Dickie	Transaction ID: SB30B.36645
	Mailing Address 126 North Blair Street #1	Date of Disbursement MM / DD / YYYY 12 / 15 / 2008
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 1017.89
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2440.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Richard Dickie	Transaction ID: SB30B.36658 Date of Disbursement 12 / 17 / 2008
	Mailing Address 126 North Blair Street #1	Amount of Each Disbursement this Period 2346.91
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Richard Dickie	Transaction ID: SB30B.36693 Date of Disbursement 12 / 31 / 2008
	Mailing Address 126 North Blair Street #1	Amount of Each Disbursement this Period 1083.10
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Sarah J Duncan	Transaction ID: SB30B.36573 Date of Disbursement 11 / 25 / 2008
	Mailing Address 420 N Carroll St	Amount of Each Disbursement this Period 95.24
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3525.25
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah J Duncan</p> <p>Mailing Address 420 N Carroll St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36632</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 122.67</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah J Duncan</p> <p>Mailing Address 420 N Carroll St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36678</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 29.44</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Econo Lodge La Crosse</p> <p>Mailing Address 1906 Rose St</p> <p>City LaCrosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 12/3 CC Pmt: 72hr hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36835</p> <p>Date of Disbursement 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1436.14</p> <p><b>[MEMO ITEM]</b></p>

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

152.11

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Econo Lodge La Crosse	Transaction ID: SB30B.36840 Date of Disbursement 11 / 06 / 2008
	Mailing Address 1906 Rose St	Amount of Each Disbursement this Period 48.49
	City LaCrosse State WI Zip Code 54601	
	Purpose of Disbursement 12/3 CC Pmt: 72hr hotel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Extended Stay Waukesha	Transaction ID: SB30B.36839 Date of Disbursement 11 / 06 / 2008
	Mailing Address 2520 Plaza Court	Amount of Each Disbursement this Period -121.37
	City Waukesha State WI Zip Code 53186	
	Purpose of Disbursement 12/3 CC Pmt: hotel credit	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Joe Fadness	Transaction ID: SB30B.36747 Date of Disbursement 12 / 02 / 2008
	Mailing Address 720 N Old World 3rd St	Amount of Each Disbursement this Period 1127.64
	City Milwaukee State WI Zip Code 53203	
	Purpose of Disbursement Payroll	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1127.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Joe Fadness	Transaction ID: SB30B.36668 Date of Disbursement 12 / 22 / 2008
	Mailing Address 720 N Old World 3rd St	Amount of Each Disbursement this Period 2043.79
	City Milwaukee State WI Zip Code 53203	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB30B.36763 Date of Disbursement 12 / 09 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 391.33
	City Memphis State TN Zip Code 38101	
	Purpose of Disbursement Shipping	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Flannerys	Transaction ID: SB30B.36811 Date of Disbursement 08 / 26 / 2008
	Mailing Address 425 E Wells	Amount of Each Disbursement this Period 25.00
	City Milwaukee State WI Zip Code 53202	
	Purpose of Disbursement 12/15 Trovato reimbursement: Food	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2435.12
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
FLS Connect

Mailing Address 7300 Hudson Blvd #270

City State Zip Code  
St. Paul MN 55128

Purpose of Disbursement  
Conference calls

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36746  
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

398.60

B.

Full Name (Last, First, Middle Initial)  
George Webb

Mailing Address 19555 W Bluemound Rd

City State Zip Code  
Brookfield WI 53045

Purpose of Disbursement  
12/15 Trovato reimbursement: food

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36812  
Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

18.45

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Peter Gilbert

Mailing Address 4823 N Iroquois Ave

City State Zip Code  
Glendale WI 53217

Purpose of Disbursement  
Expense reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36733  
Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

1229.93

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

1628.53

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Hampton Inn Green Bay	Transaction ID: SB30B.36838 Date of Disbursement 11 / 05 / 2008
	Mailing Address 2840 Ramada Way	Amount of Each Disbursement this Period 3216.72
	City Green Bay State WI Zip Code 54304	
	Purpose of Disbursement 12/3 CC Pmt: 72hr hotel	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Donna Heimbach	Transaction ID: SB30B.36612 Date of Disbursement 11 / 26 / 2008
	Mailing Address 3002 Dianne Drive	Amount of Each Disbursement this Period 493.40
	City Middleton State WI Zip Code 53562	
	Purpose of Disbursement Payroll	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Donna Heimbach	Transaction ID: SB30B.36646 Date of Disbursement 12 / 15 / 2008
	Mailing Address 3002 Dianne Drive	Amount of Each Disbursement this Period 702.50
	City Middleton State WI Zip Code 53562	
	Purpose of Disbursement Payroll	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1195.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Donna Heimbach

Transaction ID: SB30B.36694  
Date of Disbursement

Mailing Address 3002 Dianne Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Middleton State WI Zip Code 53562

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

114.73
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
HiLife Investments

Transaction ID: SB30B.36767  
Date of Disbursement

Mailing Address PO Box 999

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	8

City Stevens Point State WI Zip Code 54481

Amount of Each Disbursement this Period

Purpose of Disbursement  
Electric bill

631.47
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
IRS

Transaction ID: SB30B.36618  
Date of Disbursement

Mailing Address Payment Center

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	0	8

City Kansas City State MO Zip Code 64999

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll Tax

5558.14
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

6304.34
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) IRS	<b>Transaction ID:</b> SB30B.36738	
	Mailing Address      Payment Center	Date of Disbursement 11 / 26 / 2008	
	City      State      Zip Code Kansas City      MO      64999	Amount of Each Disbursement this Period 302.24	
	Purpose of Disbursement Payroll tax Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b>	Full Name (Last, First, Middle Initial) IRS	<b>Transaction ID:</b> SB30B.36652	
	Mailing Address      Payment Center	Date of Disbursement 12 / 15 / 2008	
	City      State      Zip Code Kansas City      MO      64999	Amount of Each Disbursement this Period 6194.66	
	Purpose of Disbursement Payroll tax Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) IRS	<b>Transaction ID:</b> SB30B.36688	
	Mailing Address      Payment Center	Date of Disbursement 12 / 31 / 2008	
	City      State      Zip Code Kansas City      MO      64999	Amount of Each Disbursement this Period 16364.50	
	Purpose of Disbursement Payroll tax Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

22861.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mark Jefferson</p> <p>Mailing Address 1678 Cottonville Avenue</p> <p>City Arkdale State WI Zip Code 54613</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36574</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2229.49"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mark Jefferson</p> <p>Mailing Address 1678 Cottonville Avenue</p> <p>City Arkdale State WI Zip Code 54613</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36633</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2229.48"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mark Jefferson</p> <p>Mailing Address 1678 Cottonville Avenue</p> <p>City Arkdale State WI Zip Code 54613</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36679</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6261.28"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10720.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Juston Johnson

Transaction ID: SB30B.36659  
Date of Disbursement

Mailing Address 820 Williamson Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	8

City Madison State WI Zip Code 53703

Amount of Each Disbursement this Period

1678.16
---------

Purpose of Disbursement  
Payroll

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
KFC - Burlington

Transaction ID: SB30B.36789  
Date of Disbursement

Mailing Address 1084 Milwaukee Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	8

City Burlington State WI Zip Code 53105

Amount of Each Disbursement this Period

32.83
-------

Purpose of Disbursement  
11/25 Kuehn Reimbursement: food

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Brian Kind

Transaction ID: SB30B.36575  
Date of Disbursement

Mailing Address 405 Doral Court

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	8

City Waunakee State WI Zip Code 53597

Amount of Each Disbursement this Period

1686.79
---------

Purpose of Disbursement  
Payroll

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

3364.95
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Brian Kind</p> <p>Mailing Address 405 Doral Court</p> <p>City Waunakee State WI Zip Code 53597</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36634</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1686.80</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Brian Kind</p> <p>Mailing Address 405 Doral Court</p> <p>City Waunakee State WI Zip Code 53597</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36660</p> <p>Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 895.19</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Brian Kind</p> <p>Mailing Address 405 Doral Court</p> <p>City Waunakee State WI Zip Code 53597</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36680</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1686.80</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4268.79</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Josh Kuehn	Transaction ID: SB30B.36735 Date of Disbursement 11 / 25 / 2008
	Mailing Address 296 W State St	Amount of Each Disbursement this Period 373.92
	City Burlington State WI Zip Code 53105	
	Purpose of Disbursement Expense reimbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirsten Kukowski	Transaction ID: SB30B.36576 Date of Disbursement 11 / 25 / 2008
	Mailing Address 109 E Gilman #3	Amount of Each Disbursement this Period 1318.32
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirsten Kukowski	Transaction ID: SB30B.36635 Date of Disbursement 12 / 15 / 2008
	Mailing Address 109 E Gilman #3	Amount of Each Disbursement this Period 1278.32
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2970.56
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Kukowski</p> <p>Mailing Address 109 E Gilman #3</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36661</p> <p>Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1604.25</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Kukowski</p> <p>Mailing Address 109 E Gilman #3</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36681</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1318.32</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) La Quinta Inns Oshkosh</p> <p>Mailing Address 1950 Omro Rd</p> <p>City Oshkosh State WI Zip Code 54902</p> <p>Purpose of Disbursement 12/3 CC Pmt: 72hr hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36843</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2142.45</p> <p><b>[MEMO ITEM]</b></p>

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

2922.57

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.36613 Date of Disbursement 11 / 26 / 2008
	Mailing Address 3157 Muir Field Road #47	Amount of Each Disbursement this Period 311.70
	City Madison State WI Zip Code 53719	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.36647 Date of Disbursement 12 / 15 / 2008
	Mailing Address 3157 Muir Field Road #47	Amount of Each Disbursement this Period 642.92
	City Madison State WI Zip Code 53719	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.36695 Date of Disbursement 12 / 31 / 2008
	Mailing Address 3157 Muir Field Road #47	Amount of Each Disbursement this Period 366.32
	City Madison State WI Zip Code 53719	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1320.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rebecca L Luft</p> <p>Mailing Address 321 Wisconsin Ave #8</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36577</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="149.74"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rebecca L Luft</p> <p>Mailing Address 321 Wisconsin Ave #8</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36636</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="232.53"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rebecca L Luft</p> <p>Mailing Address 321 Wisconsin Ave #8</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36682</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.57"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="493.84"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Bank Credit Card Processing Center	Transaction ID: SB30B.36730 Date of Disbursement																			
	Mailing Address PO Box 3052	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	8												
	City Milwaukee State WI Zip Code 53201	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card payment	<table border="1"> <tr> <td>16290.08</td> </tr> </table>	16290.08																		
16290.08																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Ryan Mahoney	Transaction ID: SB30B.36578 Date of Disbursement																			
	Mailing Address 7608 Hamilton Spring Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	5		2	0	0	8												
	City Bethesda State MD Zip Code 20817	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"> <tr> <td>930.04</td> </tr> </table>	930.04																		
930.04																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Ryan Mahoney	Transaction ID: SB30B.36637 Date of Disbursement																			
	Mailing Address 7608 Hamilton Spring Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	8												
	City Bethesda State MD Zip Code 20817	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"> <tr> <td>930.05</td> </tr> </table>	930.05																		
930.05																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>18150.17</td> </tr> </table>	18150.17
18150.17		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Ryan Mahoney	Transaction ID: SB30B.36662 Date of Disbursement 12 / 17 / 2008
	Mailing Address 7608 Hamilton Spring Rd	Amount of Each Disbursement this Period 329.61
	City Bethesda State MD Zip Code 20817	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ryan Mahoney	Transaction ID: SB30B.36683 Date of Disbursement 12 / 31 / 2008
	Mailing Address 7608 Hamilton Spring Rd	Amount of Each Disbursement this Period 930.05
	City Bethesda State MD Zip Code 20817	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MG&E	Transaction ID: SB30B.36764 Date of Disbursement 12 / 11 / 2008
	Mailing Address PO Box 1231	Amount of Each Disbursement this Period 302.73
	City Madison State WI Zip Code 53701	
	Purpose of Disbursement Energy bill	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1562.39
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ryan Michaels</p> <p>Mailing Address 1810 W Luzerne Ct</p> <p>City Milwaukee State WI Zip Code 53221</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36579</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="267.47"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rachel A Miller</p> <p>Mailing Address 120 Langdon Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36580</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="96.96"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rachel A Miller</p> <p>Mailing Address 120 Langdon Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36638</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="107.37"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rachel A Miller</p> <p>Mailing Address 120 Langdon Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36684</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.70"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Mize</p> <p>Mailing Address 414 N Livingston Street #2</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36581</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1817.81"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Mize</p> <p>Mailing Address 414 N Livingston Street #2</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36639</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1924.29"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3769.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Kathryn Mize	Transaction ID: SB30B.36663 Date of Disbursement
	Mailing Address 414 N Livingston Street #2	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1337.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Mize	Transaction ID: SB30B.36667 Date of Disbursement
	Mailing Address 414 N Livingston Street #2	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement: Staff bonus gift cards	<input type="text" value="2520.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathryn Mize	Transaction ID: SB30B.36685 Date of Disbursement
	Mailing Address 414 N Livingston Street #2	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1817.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5675.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Napoli	Transaction ID: SB30B.36791
	Mailing Address 132 N Pine St	Date of Disbursement 10 / 08 / 2008
	City Burlington State WI Zip Code 53105	Amount of Each Disbursement this Period 58.17
	Purpose of Disbursement 11/25 Kuehn Reimbursement: food	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Napoli	Transaction ID: SB30B.36779
	Mailing Address 132 N Pine St	Date of Disbursement 10 / 23 / 2008
	City Burlington State WI Zip Code 53105	Amount of Each Disbursement this Period 58.17
	Purpose of Disbursement 11/25 Kuehn Reimbursement: food	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Office Depot Brookfield	Transaction ID: SB30B.36831
	Mailing Address 16085 W Bluemound Rd	Date of Disbursement 10 / 19 / 2008
	City Brookfield State WI Zip Code 53005	Amount of Each Disbursement this Period 25.20
	Purpose of Disbursement 11/25 Gilbert reimbursement: stamps	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Office Depot Madison

Mailing Address 4016 E Washington Ave

City Madison State WI Zip Code 53704

Purpose of Disbursement  
11/25 Gilbert reimbursement: paper

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36827  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

971.93

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Office Depot Milwaukee

Mailing Address 362 E Capitol Dr

City Milwaukee State WI Zip Code 53212

Purpose of Disbursement  
11/25 Gilbert reimbursement: Toner

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36833  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

154.17

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Office Depot West Allis

Mailing Address 6800 W Greenfield Ave

City West Allis State WI Zip Code 53214

Purpose of Disbursement  
11/25 Gilbert reimbursement: paper

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36829  
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

33.78

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) OfficeTeam <hr/> Mailing Address 12400 Collections Center Dr <hr/> City Chicago State IL Zip Code 60693 <hr/> Purpose of Disbursement Temp services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.36724 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 948.30
	Category/ Type
	[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Pick 'n Save - Burlington <hr/> Mailing Address 1120 Milwaukee Ave <hr/> City Burlington State WI Zip Code 53105 <hr/> Purpose of Disbursement 11/25 Kuehn Reimbursement: Food Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.36782 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 7.80
	Category/ Type
	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Pick 'n Save - Waukesha <hr/> Mailing Address 220 E Sunset Dr <hr/> City Waukesha State WI Zip Code 53186 <hr/> Purpose of Disbursement 12/15 Trovato reimbursement: food Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.36814 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 12.57
	Category/ Type
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	948.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pick 'n Save - Waukesha East</p> <p>Mailing Address 1535 E Moreland Blvd</p> <p>City Waukesha State WI Zip Code 53186</p> <p>Purpose of Disbursement 12/15 Trovato reimbursement: food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36807 <b>Date of Disbursement</b> 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 24.55</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Scott Poole</p> <p>Mailing Address 445 West Gilman #202</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36614 <b>Date of Disbursement</b> 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 141.47</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Poole</p> <p>Mailing Address 445 West Gilman #202</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36648 <b>Date of Disbursement</b> 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 351.51</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>492.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Scott Poole</p> <p>Mailing Address 445 West Gilman #202</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36696</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 68.37</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Principal Financial Group</p> <p>Mailing Address PO Box 10372</p> <p>City Des Moines State IA Zip Code 50306</p> <p>Purpose of Disbursement Life Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36623</p> <p>Date of Disbursement 12 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 321.89</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Principal Financial Group</p> <p>Mailing Address PO Box 10372</p> <p>City Des Moines State IA Zip Code 50306</p> <p>Purpose of Disbursement Life insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36672</p> <p>Date of Disbursement 12 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 249.72</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>639.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Republican Party of Kenosha</p> <p>Mailing Address PO Box 853</p> <p>City Kenosha State WI Zip Code 53141</p> <p>Purpose of Disbursement Reimbursement for phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36762</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="151.82"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Republican Party of Rock County</p> <p>Mailing Address PO Box 164</p> <p>City Beloit State WI Zip Code 53511</p> <p>Purpose of Disbursement Utility reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36760</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="252.76"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Karoline Rezin</p> <p>Mailing Address 5329 Old Middleton Rd, Apt. 202</p> <p>City Madison State WI Zip Code 53705</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36582</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1163.04"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1567.62"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Karoline Rezin	Transaction ID: SB30B.36640 Date of Disbursement 12 / 15 / 2008
	Mailing Address 5329 Old Middleton Rd, Apt. 202	Amount of Each Disbursement this Period 1163.04
	City Madison State WI Zip Code 53705	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Karoline Rezin	Transaction ID: SB30B.36664 Date of Disbursement 12 / 17 / 2008
	Mailing Address 5329 Old Middleton Rd, Apt. 202	Amount of Each Disbursement this Period 3684.28
	City Madison State WI Zip Code 53705	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Karoline Rezin	Transaction ID: SB30B.36686 Date of Disbursement 12 / 31 / 2008
	Mailing Address 5329 Old Middleton Rd, Apt. 202	Amount of Each Disbursement this Period 1163.05
	City Madison State WI Zip Code 53705	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6010.37
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Rice & Gotzmer, S.C.

Mailing Address 604 N 8th St, Ste 350

City Sheboygan State WI Zip Code 53081

Purpose of Disbursement  
Legal fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36728  
Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
Richter's Sentry

Mailing Address 156 S Pine St

City Burlington State WI Zip Code 53105

Purpose of Disbursement  
11/25 Kuehn Reimbursement: Food

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36772  
Date of Disbursement

10 / 11 / 2008

Amount of Each Disbursement this Period

38.93

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Richter's Sentry

Mailing Address 156 S Pine St

City Burlington State WI Zip Code 53105

Purpose of Disbursement  
11/25 Kuehn Reimbursement: Food

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36784  
Date of Disbursement

10 / 18 / 2008

Amount of Each Disbursement this Period

8.98

[MEMO ITEM]

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

2000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Angela Riesterer</p> <p>Mailing Address 347 W Doty St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36583</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="654.97"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Angela Riesterer</p> <p>Mailing Address 347 W Doty St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36641</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="654.95"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Angela Riesterer</p> <p>Mailing Address 347 W Doty St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36665</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="172.87"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1482.79"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Angela Riesterer	Transaction ID: SB30B.36687 Date of Disbursement 12 / 31 / 2008
	Mailing Address 347 W Doty St	Amount of Each Disbursement this Period 654.96
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Roberts Frozen Custard	Transaction ID: SB30B.36801 Date of Disbursement 09 / 02 / 2008
	Mailing Address N112 W16040 Mequon Rd	Amount of Each Disbursement this Period 18.19
	City Germantown State WI Zip Code 53022	
	Purpose of Disbursement 12/15 Trovato reimbursement: food	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) James Sanders	Transaction ID: SB30B.36615 Date of Disbursement 11 / 26 / 2008
	Mailing Address 2015 Sherman Ave #3	Amount of Each Disbursement this Period 414.24
	City Madison State WI Zip Code 53704	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

1069.20

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) James Sanders</p> <p>Mailing Address 2015 Sherman Ave #3</p> <p>City Madison State WI Zip Code 53704</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36649</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 581.24</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) James Sanders</p> <p>Mailing Address 2015 Sherman Ave #3</p> <p>City Madison State WI Zip Code 53704</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36697</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 354.33</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Craig J Summerfield</p> <p>Mailing Address 2044 Sweetfern Dr</p> <p>City Green Bay State WI Zip Code 54313</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36748</p> <p>Date of Disbursement 12 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 996.05</p>

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

1931.62

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Target - Lake Geneva</p> <p>Mailing Address 660 N Edwards Blvd</p> <p>City Lake Geneva State WI Zip Code 53147</p> <p>Purpose of Disbursement 11/25 Kuehn Reimbursement: Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36771 <b>Date of Disbursement</b> 10 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 20.93</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Target - Racine</p> <p>Mailing Address 5300 Durand Ave</p> <p>City Racine State WI Zip Code 53406</p> <p>Purpose of Disbursement 11/25 Kuehn Reimbursement: Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36787 <b>Date of Disbursement</b> 10 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 3.99</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TDS Metrocom</p> <p>Mailing Address PO Box 1010</p> <p>City Monroe State WI Zip Code 53566</p> <p>Purpose of Disbursement Phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36741 <b>Date of Disbursement</b> 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 125.59</p>

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

125.59

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) TDS Metrocom	Transaction ID: SB30B.36757 Date of Disbursement 12 / 04 / 2008
	Mailing Address PO Box 1010	Amount of Each Disbursement this Period 1469.35
	City Monroe State WI Zip Code 53566	
	Purpose of Disbursement Phone bill	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Toppers Pizza Waukesha	Transaction ID: SB30B.36809 Date of Disbursement 08 / 31 / 2008
	Mailing Address 21461 E Moreland Blvd	Amount of Each Disbursement this Period 18.23
	City Waukesha State WI Zip Code 53186	
	Purpose of Disbursement 12/15 Trovato reimbursement: pizza	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Charles Triller	Transaction ID: SB30B.36616 Date of Disbursement 11 / 26 / 2008
	Mailing Address 609 East Gorham St #14	Amount of Each Disbursement this Period 295.82
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1765.17

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Charles Triller	Transaction ID: SB30B.36650 Date of Disbursement 12 / 15 / 2008
	Mailing Address 609 East Gorham St #14	Amount of Each Disbursement this Period 257.53
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charles Triller	Transaction ID: SB30B.36698 Date of Disbursement 12 / 31 / 2008
	Mailing Address 609 East Gorham St #14	Amount of Each Disbursement this Period 191.81
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Vincent Trovato	Transaction ID: SB30B.36766 Date of Disbursement 12 / 17 / 2008
	Mailing Address 2820 N Burton Ct	Amount of Each Disbursement this Period 1187.13
	City Waukesha State WI Zip Code 53188	
	Purpose of Disbursement Mileage/Expense reimbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1636.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Victory Strategies LLC	Transaction ID: SB30B.36754 Date of Disbursement
	Mailing Address PO Box 2152	<input type="text" value="12"/> <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period
	Purpose of Disbursement Non-Allocable Mail	<input type="text" value="10000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jonathan Wacławski	Transaction ID: SB30B.36734 Date of Disbursement
	Mailing Address 1879 Shady Lane	<input type="text" value="11"/> <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Grafton State WI Zip Code 53024	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="974.97"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walgreens Waukesha	Transaction ID: SB30B.36800 Date of Disbursement
	Mailing Address 221 E Sunset Dr	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Waukesha State WI Zip Code 53186	Amount of Each Disbursement this Period
	Purpose of Disbursement 12/15 Trovato reimbursement: stamps	<input type="text" value="8.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Walmart - Burlington</p> <p>Mailing Address 1901 Milwaukee Ave</p> <p>City Burlington State WI Zip Code 53105</p> <p>Purpose of Disbursement 11/25 Kuehn Reimbursement: supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36778 <b>Date of Disbursement</b> 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 69.07</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Walmart - Burlington</p> <p>Mailing Address 1901 Milwaukee Ave</p> <p>City Burlington State WI Zip Code 53105</p> <p>Purpose of Disbursement 11/25 Kuehn Reimbursement: Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36776 <b>Date of Disbursement</b> 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 61.36</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Walmart - Burlington</p> <p>Mailing Address 1901 Milwaukee Ave</p> <p>City Burlington State WI Zip Code 53105</p> <p>Purpose of Disbursement 11/25 Kuehn Reimbursement: food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36781 <b>Date of Disbursement</b> 10 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 3.50</p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joshua Wilson</p> <p>Mailing Address 641 West Main Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36617</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="334.65"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joshua Wilson</p> <p>Mailing Address 641 West Main Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36651</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="571.69"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joshua Wilson</p> <p>Mailing Address 641 West Main Street</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36699</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="196.33"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wisc. Dept of Revenue</p> <p>Mailing Address PO Box 93208</p> <p>City Milwaukee State WI Zip Code 53293</p> <p>Purpose of Disbursement Payroll tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36619</p> <p>Date of Disbursement 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1097.06</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wisc. Dept of Revenue</p> <p>Mailing Address PO Box 93208</p> <p>City Milwaukee State WI Zip Code 53293</p> <p>Purpose of Disbursement Payroll tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36739</p> <p>Date of Disbursement 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 68.41</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wisc. Dept of Revenue</p> <p>Mailing Address PO Box 93208</p> <p>City Milwaukee State WI Zip Code 53293</p> <p>Purpose of Disbursement Payroll tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.36653</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1235.99</p>

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

2401.46

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 111

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
Payroll tax\

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.36689

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

3032.53

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

3032.53

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

152645.94

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**Transaction ID: SC/10.6376**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 5920	
City Madison State WI ZIP Code 53705	

Original Amount of Loan 110000.00	Cumulative Payment To Date 110000.00	Balance Outstanding at Close of This Period 0.00
--------------------------------------	---	---

**TERMS**

Date Incurred MM DD YY 01 09 2002	Date Due 2/28/13	Interest Rate 6.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---------------------	-------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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

# SCHEDULE C (FEC Form 3X)

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

## LOANS

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Transaction ID: SC/10.10726

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
M&I Bank of Southern Wisconsin

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address P.O. Box 5920

City Madison State WI ZIP Code 53705

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
34000.00	34000.00	0.00

### TERMS

Date Incurred: MM DD YY Y Y Y Y      Date Due: 2/28/13      Interest Rate: 6.00 % (apr)      Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	0.00

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 9100			Allocated Activity or Event Year-To-Date 167774.50	
City Aurora	State IL	Zip Code 60507	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>	
Purpose of Disbursement: Long distance bill			Category/Type	
Activity or Event Identifier: Administrative			Transaction ID: H4.36586	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.46		1052.90		1462.36

<b>B. Full Name (Last, First, Middle Initial)</b> Badgerland Chemical & Supply			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 620303			Allocated Activity or Event Year-To-Date 167832.40	
City Middleton	State WI	Zip Code 53562	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>	
Purpose of Disbursement: Custodial supplies			Category/Type	
Activity or Event Identifier: Administrative			Transaction ID: H4.36588	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.21		41.69		57.90

<b>C. Full Name (Last, First, Middle Initial)</b> Great Glacier of Wisconsin			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 249			Allocated Activity or Event Year-To-Date 167889.65	
City Lake Delton	State WI	Zip Code 53940	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>	
Purpose of Disbursement: Bottled Water			Category/Type	
Activity or Event Identifier: Administrative			Transaction ID: H4.36592	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.03		41.22		57.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
441.70		1135.81		1577.51

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> MG&E			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1231			Allocated Activity or Event Year-To-Date 168682.12		
City Madison	State WI	Zip Code 53701	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Energy bill			Transaction ID: H4.36594		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
221.89		570.58		792.47

<b>B. Full Name (Last, First, Middle Initial)</b> Pro One Janitorial Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1486 Kenwood Center			Allocated Activity or Event Year-To-Date 169182.12		
City Menasha	State WI	Zip Code 54952	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Janitorial Services			Transaction ID: H4.36596		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.00		360.00		500.00

<b>C. Full Name (Last, First, Middle Initial)</b> TDS Metrocom			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1010			Allocated Activity or Event Year-To-Date 170308.41		
City Monroe	State WI	Zip Code 53566	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Phone bill			Transaction ID: H4.36597		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.36		810.93		1126.29

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
677.25		1741.51		2418.76

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> Tygris Vendor Finance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Dept #1608			Allocated Activity or Event Year-To-Date 170988.12		
City Denver	State CO	Zip Code 80291	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Copier lease			Transaction ID: H4.36599		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
190.32		489.39		679.71

<b>B. Full Name (Last, First, Middle Initial)</b> APC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6470 East Johns Crossing Suite 100			Allocated Activity or Event Year-To-Date 172947.07		
City Duluth	State GA	Zip Code 30097	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Conference call			Transaction ID: H4.36720		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
548.51		1410.44		1958.95

<b>C. Full Name (Last, First, Middle Initial)</b> Office Max			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2420 East Springs Dr			Allocated Activity or Event Year-To-Date 173868.59		
City Madison	State WI	Zip Code 53701	Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H4.36723		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
258.03		663.49		921.52

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
996.86		2563.32		3560.18

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Verizon Wireless

Mailing Address  
PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement:  
Wireless internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

174416.89

Date 11 / 25 / 2008

Transaction ID: H4.36725

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
153.52 + 394.78 = 548.30

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

Mailing Address  
PO Box 9027

City State Zip Code  
Des Moines IA 50368

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

175909.87

Date 12 / 04 / 2008

Transaction ID: H4.36756

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
418.03 + 1074.95 = 1492.98

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

Mailing Address  
PO Box 9027

City State Zip Code  
Des Moines IA 50368

Purpose of Disbursement:  
Office supplies

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

176891.56

Date 12 / 25 / 2008

Transaction ID: H4.36722

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
274.87 + 706.82 = 981.69

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
846.42 + 2176.55 = 3022.97

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

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9100			Allocated Activity or Event Year-To-Date 179121.87		
City Aurora	State IL	Zip Code 60507	Date <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Long distance bill			Transaction ID: H4.36700		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
624.49		1605.82		2230.31

<b>B. Full Name (Last, First, Middle Initial)</b> Badgerland Chemical & Supply			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 620303			Allocated Activity or Event Year-To-Date 179253.67		
City Middleton	State WI	Zip Code 53562	Date <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Custodial supplies			Transaction ID: H4.36701		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.90		94.90		131.80

<b>C. Full Name (Last, First, Middle Initial)</b> Charter Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 135 South LaSalle Street Dept 8123			Allocated Activity or Event Year-To-Date 179318.96		
City Chicago	State IL	Zip Code 60674	Date <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>		
Purpose of Disbursement: Cable TV			Transaction ID: H4.36702		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.28		47.01		65.29

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
679.67		1747.73		2427.40

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Green Valley Disposal

Mailing Address  
P.O. Box 473

City State Zip Code  
Wausaukee WI 53597

Purpose of Disbursement:  
Waste disposal

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

179423.46

Activity or Event Identifier:  
Administrative

Date   /   /

Transaction ID: H4.36703

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.26		75.24		104.50

**B. Full Name (Last, First, Middle Initial)**  
MG&E

Mailing Address  
PO Box 1231

City State Zip Code  
Madison WI 53701

Purpose of Disbursement:  
Energy bill

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

180120.50

Activity or Event Identifier:  
Administrative

Date   /   /

Transaction ID: H4.36704

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
195.17		501.87		697.04

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

Mailing Address  
1486 Kenwood Center

City State Zip Code  
Menasha WI 54952

Purpose of Disbursement:  
Custodial service

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

180620.50

Activity or Event Identifier:  
Administrative

Date   /   /

Transaction ID: H4.36706

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.00		360.00		500.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
364.43		937.11		1301.54

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address  
PO Box 1010

City State Zip Code  
Monroe WI 53566

Purpose of Disbursement:  
Phone bill

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

182063.74

Date 12 / 31 / 2008

Transaction ID: H4.36707

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
404.11		1039.13		1443.24

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
404.11		1039.13		1443.24

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
4410.44	11341.16	15751.60

**Image# 29933595512**

Form/Schedule: **SB30B**

Transaction ID: **SB30B.36766**

In addition to the memo entries itemizing the expenses included in this payment, \$1040.04 was paid for mileage (2568mi. x .405 = \$1040.04).

Form/Schedule: **SC/10**

Transaction ID: **SC/10.6376**

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

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