

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Strategy PAC

ADDRESS (number and street) 3048 Shorewood Drive
Check if different than previously reported. (ACC) Oshkosh WI 54901

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00497842 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer James Malczewski

Signature of Treasurer James Malczewski [Electronically Filed] Date 08 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Strategy PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="69101.12"/>	<input type="text" value="69101.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69101.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="177000.00"/>	<input type="text" value="177000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="246101.12"/>	<input type="text" value="246101.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="153817.49"/>	<input type="text" value="153817.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92283.63"/>	<input type="text" value="92283.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Strategy PAC

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

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		
(i) Itemized (use Schedule A).....	151000.00	151000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	151000.00	151000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	26000.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	177000.00	177000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
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 Transfers (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))..... ▶	177000.00	177000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	177000.00	177000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18817.49	18817.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18817.49	18817.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	135000.00	135000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	153817.49	153817.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153817.49	153817.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	177000.00	177000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	177000.00	177000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18817.49	18817.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18817.49	18817.49

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

Form/Schedule: F3XA
Transaction ID :

This Amended Form 3X is submitted upon discovery of a software error which caused the totals on lines 21 and line 23 on the Detailed Summary Page to be inaccurate. These errors have been fixed and the summary totals per this amended Report are in agreement with detail reported on Schedule B. In addition, this amended Report now properly reflects contributions to the National Republican Senatorial Committee and the Republican National Committee on Line 23 on both the Schedule B Itemized Disbursements and the Detailed Summary Pages.

Form/Schedule:
Transaction ID:

**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 7 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Strategy PAC

A. JOHN S. BRANDSER JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 E. MARION STREET
 City SHOREWOOD State WI Zip Code 53211-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIDUCIARY MANAGEMENT , INC Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 04 / 2015
Transaction ID : SA11.74692
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MR. JEFFREY H. CURLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2430 FOREST MANOR COURT
 City NEENAH State WI Zip Code 54956-4825
 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 ▼ 5000.00

Date of Receipt 02 / 09 / 2015
Transaction ID : SA11.74903
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION
 SEE REATTRIBUTION

C. MR. JEFFREY H. CURLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2430 FOREST MANOR COURT
 City NEENAH State WI Zip Code 54956-4825
 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 ▼ 5000.00

Date of Receipt 02 / 09 / 2015
Transaction ID : SA11.74903B
 Amount of Each Receipt this Period -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. MRS. LEA M. CURLER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 669

City NEENAH State WI Zip Code 54957-0669

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 09 / 2015**

Transaction ID : SA11.74906

Amount of Each Receipt this Period: **5000.00**

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. MRS. BARBARA LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 1100 W. ESTATE DRIVE #5207

City MEQUON State WI Zip Code 53092-8558

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

Name of Employer: **-** Occupation: **-**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 09 / 2015**

Transaction ID : SA11.74902

Amount of Each Receipt this Period: **10000.00**

CONTRIBUTION

SEE REATTRIBUTION

C. MRS. BARBARA LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 1100 W. ESTATE DRIVE #5207

City MEQUON State WI Zip Code 53092-8558

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

Name of Employer: **-** Occupation: **-**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 09 / 2015**

Transaction ID : SA11.74902B

Amount of Each Receipt this Period: **-5000.00**

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
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 9 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. MR. DONALD R. LYNCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1230 E COURTLAND PLACE
 City MILWAUKEE State WI Zip Code 53211-1163
 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 ▼ 5000.00

Date of Receipt 02 / 09 / 2015
Transaction ID : SA11.74904
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

B. MR. PATRICK J. ENGLISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 N 74TH ST
 City WAUWATOSA State WI Zip Code 53213-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIDUCIARY MANAGEMENT Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 10 / 2015
Transaction ID : SA11.74960
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
 SEE REATTRIBUTION

C. MR. PATRICK J. ENGLISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 N 74TH ST
 City WAUWATOSA State WI Zip Code 53213-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIDUCIARY MANAGEMENT Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 12 / 2015
Transaction ID : SA11.74960B
 Amount of Each Receipt this Period -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 10 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. RACHEL A. ENGLISH
Full Name (Last, First, Middle Initial)
Mailing Address 1875 N 74TH STREET
City MILWAUKEE State WI Zip Code 53213-2219
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 12 / 2015
Transaction ID : SA11.88368
Amount of Each Receipt this Period 5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

B. MR. PATRICK J. ENGLISH
Full Name (Last, First, Middle Initial)
Mailing Address 1825 N 74TH ST
City WAUWATOSA State WI Zip Code 53213-2219
FEC ID number of contributing federal political committee. **C**
Name of Employer FIDUCIARY MANAGEMENT Occupation INVESTMENTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 10 / 2015
Transaction ID : SA11.74961
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. MRS. CAROL SCHIERL
Full Name (Last, First, Middle Initial)
Mailing Address 111 N WASHINGTON STREET SUITE 450
City GREEN BAY State WI Zip Code 54301-4257
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 ▼ 5000.00

Date of Receipt 02 / 10 / 2015
Transaction ID : SA11.74962
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00
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 11 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. MR. PAUL J. SCHIERL
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 N WASHINGTON STREET
 SUITE 450
 City GREEN BAY State WI Zip Code 54301-4257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORNERSTONE FOUNDATION Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : SA11.74963
 Amount of Each Receipt this Period **5000.00**
 CONTRIBUTION

B. MR. DAVID W. GRAINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 GRAINGER PARKWAY
 City LAKE FOREST State IL Zip Code 60045-5202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W.W. GRAINGER, INC. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 12 / 2015**
Transaction ID : SA11.74969
 Amount of Each Receipt this Period **5000.00**
 CONTRIBUTION

C. RICHARD L. WILKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5112 N HIGHWAY 83
 City HARTLAND State WI Zip Code 53029-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FISHER BARTON INC Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 13 / 2015**
Transaction ID : SA11.75010
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION
 SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **20000.00**
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 12 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

Full Name (Last, First, Middle Initial)
A. RICHARD L. WILKEY
 Mailing Address 5112 N HIGHWAY 83
 City State Zip Code
 HARTLAND WI 53029-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FISHER BARTON INC CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : SA11.75010B
 Amount of Each Receipt this Period
 -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial)
B. SUSAN L. WILKEY
 Mailing Address 5112 N. HIGHWAY 83
 City State Zip Code
 HARTLAND WI 53029-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : SA11.75011
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)
C. CAROL A. CARPENTER
 Mailing Address 656 W EVERGREEN COURT
 City State Zip Code
 MILWAUKEE WI 53217-1608
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : SA11.75319
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 13 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Strategy PAC

A. MRS. BILLIE KUBLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8245 N RANGE LINE ROAD
 City RIVER HILLS State WI Zip Code 53217-2042
 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 ▼ 5000.00

Date of Receipt 02 / 24 / 2015
Transaction ID : SA11.75318
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION
 SEE REATTRIBUTION

B. MRS. BILLIE KUBLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8245 N RANGE LINE ROAD
 City RIVER HILLS State WI Zip Code 53217-2042
 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 ▼ 5000.00

Date of Receipt 02 / 24 / 2015
Transaction ID : SA11.75318B
 Amount of Each Receipt this Period -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

C. DR. MICHAEL C. KUBLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1442 GALLEON DR
 City NAPLES State FL Zip Code 34102-7714
 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 ▼ 5000.00

Date of Receipt 02 / 24 / 2015
Transaction ID : SA11.75321
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
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 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

Full Name (Last, First, Middle Initial)
A. MR. DANIEL F. MCKEITHAN JR.

Mailing Address 777 E WISCONSIN AVENUE, STE 3020
SUITE 3020

City State Zip Code
MILWAUKEE WI 53202-5302

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

Name of Employer Occupation
TAMARACK PETROLEUM COMPANY CHAIRMAN & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : SA11.75320

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. MARGARET S. SCHUEMANN

Mailing Address 1950 W DEAN ROAD

City State Zip Code
MILWAUKEE WI 53217-2003

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : SA11.75316

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ROBERT J. SCHUEMANN

Mailing Address 1950 WEST DEAN ROAD

City State Zip Code
RIVER HILLS WI 53217-2003

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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : SA11.75317

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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 15 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. MR. ALBERT O. NICHOLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6002 STATE ROAD 83
 City HARTLAND State WI Zip Code 53029-8503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NICHOLAS COMPANY INC Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 26 / 2015
Transaction ID : SA11.75640
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MRS. NANCY NICHOLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6002 STATE ROAD 83
 City HARTLAND State WI Zip Code 53029-8503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NICHOLAS COMPANY INC Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 26 / 2015
Transaction ID : SA11.75641
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. HAROLD B. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 WEST MADISON ST
 City CHICAGO State IL Zip Code 60606-3414
 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 ▼ 5000.00

Date of Receipt 02 / 27 / 2015
Transaction ID : SA11.75673
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 16 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. MR. MIKE H. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 1150 W. BRADLEY RD.

City RIVER HILLS State WI Zip Code 53217-2510

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

Name of Employer RITE-HITE HOLDING CORP Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 16 / 2015
Transaction ID : SA11.76930

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE REATTRIBUTION

B. MRS. CATHY WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 1150 W BRADLEY ROAD

City MILWAUKEE State WI Zip Code 53217-2510

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 18 / 2015
Transaction ID : SA11.76931

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

C. MR. MIKE H. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 1150 W. BRADLEY RD.

City RIVER HILLS State WI Zip Code 53217-2510

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

Name of Employer RITE-HITE HOLDING CORP Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 18 / 2015
Transaction ID : SA11.76930B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. JOHN N. DYKEMA
Full Name (Last, First, Middle Initial)

Mailing Address 1535 FOX RIDGE COURT

City DE PERE State WI Zip Code 54115-1907

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

Name of Employer CIRCLE PACKAGIN MACHINERY INC Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : SA11.79449

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

Mailing Address 1535 FOX RIDGE COURT

City DE PERE State WI Zip Code 54115-1907

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

Name of Employer CIRCLE PACKAGING MACHINERY Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : SA11.79450

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. MS. CONNIE SCHUETTE
Full Name (Last, First, Middle Initial)

Mailing Address 7500 BLUEBELL DRIVE

City WAUSAU State WI Zip Code 54401-8283

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : SA11.79451

Amount of Each Receipt this Period
 10000.00

CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
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 18 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Strategy PAC

A. MS. CONNIE SCHUETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7500 BLUEBELL DRIVE
 City WAUSAU State WI Zip Code 54401-8283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2015
Transaction ID : SA11.79451B
 Amount of Each Receipt this Period: -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

B. MR. THOMAS SCHUETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7500 BLUEBELL DRIVE
 City WAUSAU State WI Zip Code 54401-8283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **WAUSAU HOMES** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 31 / 2015
Transaction ID : SA11.79452
 Amount of Each Receipt this Period: 5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

C. AUGUST BUSCH III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 MID RIVERS MALL DRIVE SUITE 210
 City SAINT PETERS State MO Zip Code 63376-4322
 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 ▼ 5000.00

Date of Receipt: 05 / 21 / 2015
Transaction ID : SA11.83401
 Amount of Each Receipt this Period: 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 19 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Strategy PAC

A. JULIE A. MOSHER
Full Name (Last, First, Middle Initial)

Mailing Address 825 N PROSPECT AVENUE
UNIT 902

City MILWAUKEE State WI Zip Code 53202-3959

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 ▼
5000.00

Date of Receipt
05 / 25 / 2015
Transaction ID : SA11.83402

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE REATTRIBUTION

B. MR. GEORGE A. MOSHER
Full Name (Last, First, Middle Initial)

Mailing Address 825 N PROSPECT - 902
UNIT 902

City MILWAUKEE State WI Zip Code 53202-3959

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 ▼
5000.00

Date of Receipt
05 / 27 / 2015
Transaction ID : SA11.83649

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

C. JULIE A. MOSHER
Full Name (Last, First, Middle Initial)

Mailing Address 825 N PROSPECT AVENUE
UNIT 902

City MILWAUKEE State WI Zip Code 53202-3959

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 ▼
5000.00

Date of Receipt
05 / 27 / 2015
Transaction ID : SA11.83402B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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 20 OF 38
(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)
Strategy PAC

A. Full Name (Last, First, Middle Initial)
MR. RICHARD C. BECKER JR.

Mailing Address 3496 N. MURRAY AVE.

City MILWAUKEE	State WI	Zip Code 53211-2817
-------------------	-------------	------------------------

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 ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2015

Transaction ID : SA11.85438

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	151000.00

**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 21 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Strategy PAC

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

Mailing Address 942 S SHADY GROVE ROAD
FLOOR 1

City MEMPHIS State TN Zip Code 38120-4117

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SA11.73985

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. UBS AMERICAS INC POLITICAL ACTION COMMITTEE

Mailing Address 1501 K STREET NW
SUITE 100

City WASHINGTON State DC Zip Code 20005-1411

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SA11.73986

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. PITNEY BOWES POLITICAL ACTION COMMITTEE

Mailing Address 1 ELMCROFT ROAD
STOP 63-20

City STAMFORD State CT Zip Code 06926-0700

FEC ID number of contributing federal political committee. **C** C00339499

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2015

Transaction ID : SA11.74964

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	12000.00
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 22 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Strategy PAC

A. BNSF RAIL PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 961039
 City FORT WORTH State TX Zip Code 76161-0039
 FEC ID number of contributing federal political committee. **C** C00235739
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : SA11.82810
 Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

B. DELOITTE FEDERAL POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 365
 City WASHINGTON State DC Zip Code 20044-0365
 FEC ID number of contributing federal political committee. **C** C00211318
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : SA11.82809
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. VERIZON WIRELESS GOOD GOVERNMENT CLUB
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 I STREET
 4TH FLOOR
 City WASHINGTON State DC Zip Code 20005-3314
 FEC ID number of contributing federal political committee. **C** C00186288
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : SA11.82811
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	14000.00
TOTAL This Period (last page this line number only).....▶	26000.00

**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)

<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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. ASSOCIATED BANK NA

Mailing Address 200 N ADAMS STREET

City GREEN BAY State WI Zip Code 54301-5142

Purpose of Disbursement CREDIT CARD PAYMENT FOR LODGING FOR CAMPAIGN EVENT

002

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B.I4299

Amount of Each Disbursement this Period

489.45

Full Name (Last, First, Middle Initial)

B. RAMADA WEST PALM BEACH

Mailing Address 1901 PALM LAKES BLVD

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement TRAVEL

002

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B.I4754

Amount of Each Disbursement this Period

489.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CAMPAIGN SOFTWARE

001

Candidate Name

Category/Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B.I4315

Amount of Each Disbursement this Period

250.00

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

739.45

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)
Strategy PAC

Full Name (Last, First, Middle Initial) A. GULA GRAHAM		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 499 S CAPITOL ST SW SUITE 420		Transaction ID : SB21B.I4297
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 592.77	
Purpose of Disbursement CATERING	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KIRSTIN HOPKINS, INC		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 7818 NW SCENIC DRIVE		Transaction ID : SB21B.I4312
City KANSAS CITY State DC Zip Code 64152-1643	Amount of Each Disbursement this Period 790.00	
Purpose of Disbursement FUNDRAISING COMMISSION	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GULA GRAHAM		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address 499 S CAPITOL ST SW SUITE 420		Transaction ID : SB21B.I4330
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 6070.00	
Purpose of Disbursement FUNDRAISING COMMISSIONS	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7452.77
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)
Strategy PAC

Full Name (Last, First, Middle Initial)
A. BAKER TILLY VIRCHOW KRAUSE, LLP

Date of Disbursement
MM / DD / YYYY
02 / 11 / 2015

Mailing Address PO BOX 7398

City MADISON State WI Zip Code 53707-7398

Purpose of Disbursement
CONSULTING - REPORTING & FEC REVIEW

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I4367**

Amount of Each Disbursement this Period
2725.00

Category/Type
001

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

Date of Disbursement
MM / DD / YYYY
02 / 13 / 2015

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
FEE FOR CREDIT CARD DONATION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I4344**

Amount of Each Disbursement this Period
490.50

Category/Type
003

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

Date of Disbursement
MM / DD / YYYY
02 / 17 / 2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.I4346**

Amount of Each Disbursement this Period
250.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3465.50

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)
Strategy PAC

Full Name (Last, First, Middle Initial)

A. WIDGETMAKR

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD DOATION PROCESSING FEE

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : SB21B.I4390

Amount of Each Disbursement this Period

200.50

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 53773

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : SB21B.I4466

Amount of Each Disbursement this Period

297.25

Full Name (Last, First, Middle Initial)

C. WIDGETMAKR

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD DONATION PROCESSING FEE

003

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2015

Transaction ID : SB21B.I4391

Amount of Each Disbursement this Period

245.25

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

743.00

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)
Strategy PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : SB21B.I4389

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 53773

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB21B.I4467

Amount of Each Disbursement this Period

490.50

Full Name (Last, First, Middle Initial)

C. DAVID A. HAYFORD

Mailing Address 3048 SHOREWOOD DRIVE

City OSHKOSH State WI Zip Code 54901-1648

Purpose of Disbursement
CONSULTING - ACCOUNTING & REPORTING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : SB21B.I4471

Amount of Each Disbursement this Period

2350.00

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

3090.50

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)
Strategy PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SB21B.I4523

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. ASSOCIATED BANK NA

Mailing Address 200 N ADAMS STREET

City GREEN BAY State WI Zip Code 54301-5142

Purpose of Disbursement
CREDIT CARD PAYMENT - WITH DETAIL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2015

Transaction ID : SB21B.I4524

Amount of Each Disbursement this Period

501.02

Full Name (Last, First, Middle Initial)

C. LOEWS HOTELS

Mailing Address 300 POYDRAS ST

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
TRAVEL EXPENSE - LODGING

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2015

Transaction ID : SB21B.I4525

Amount of Each Disbursement this Period

501.02

[MEMO ITEM]

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

751.02

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)
Strategy PAC

Full Name (Last, First, Middle Initial)

A. FEDERAL ELECTION COMMISSION

Mailing Address PO BOX 979058

City SAINT LOUIS State MO Zip Code 63197-9000

Purpose of Disbursement
ADMINISTRATIVE FINE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : SB21B.I4527

Amount of Each Disbursement this Period

885.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SB21B.I4628

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. WIDGETMAKR

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD SOLICITATION FEES

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SB21B.I4663

Amount of Each Disbursement this Period

490.25

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

1625.25

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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. DAVID A. HAYFORD

Mailing Address 3048 SHOREWOOD DRIVE

City OSHKOSH State WI Zip Code 54901-1648

Purpose of Disbursement
CONSULTING - ACCOUNTING & REPORTING

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2015

Transaction ID : SB21B.I4689

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SB21B.I4705

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

950.00

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

18817.49

**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 checked="" 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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN THUNE

Mailing Address 300 N DAKOTA AVE

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN JOHN THUNE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	26	/	2015

Transaction ID : SB23.I4313

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN THUNE

Mailing Address 300 N DAKOTA AVE

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN JOHN THUNE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	26	/	2015

Transaction ID : SB23.I4314

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CRAPO FOR US SENATE

Mailing Address PO BOX 1984

City BOISE State ID Zip Code 83702

Purpose of Disbursement
POLITICAL DONATION

012

Candidate Name

SEN MIKE CRAPO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Transaction ID : SB23.I4479

Amount of Each Disbursement this Period

5000.00

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

15000.00

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 checked="" 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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN MCCAIN

Mailing Address 228 S WASHINGTON ST
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL DONATION

011

Category/
Type

Candidate Name

SEN JOHN MCCAIN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : **SB23.I4442**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY

Mailing Address 1760 MARKET ST
SUITE 1205

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
POLITICAL DONATION

011

Category/
Type

Candidate Name

SEN PAT TOOMEY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : **SB23.I4445**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 1760 MARKET ST
SUITE 1205

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
POLITICAL DONATION

011

Category/
Type

Candidate Name

SEN PAT TOOMEY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : **SB23.I4477**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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 checked="" 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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2015

Mailing Address PO BOX 250116

Transaction ID : **SB23.I4440**

City ATLANTA State GA Zip Code 30325

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
POLITICAL DONATION

011

Category/
Type

Candidate Name

SEN JOHNNY ISAKSON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2015

Mailing Address C/O CARYN EGGERAAT
209 PENNSYLVANIA ST SE

Transaction ID : **SB23.I4444**

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
POLITICAL DONATION

011

Category/
Type

Candidate Name

SEN MARK KIRK

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2015

Mailing Address 9856 ARCHER LN

Transaction ID : **SB23.I4441**

City DUBLIN State OH Zip Code 43017

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
POLITICAL DONATION

011

Category/
Type

Candidate Name

ROB PORTMAN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

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

15000.00

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 checked="" 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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. PORTMAN FOR SENATE

Mailing Address 9856 ARCHER LN

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

ROB PORTMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Transaction ID : SB23.I4475

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RON JOHNSON FOR SENATE

Mailing Address 219 WASHINGTON AVENUE
SUITE 101

City OSHKOSH State WI Zip Code 54901-5029

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN RONALD JOHNSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Transaction ID : SB23.I4446

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RON JOHNSON FOR SENATE

Mailing Address 219 WASHINGTON AVENUE
SUITE 101

City OSHKOSH State WI Zip Code 54901-5029

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN RONALD JOHNSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Transaction ID : SB23.I4478

Amount of Each Disbursement this Period

5000.00

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

15000.00

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 checked="" 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)
Strategy PAC

Full Name (Last, First, Middle Initial)

A. RUBIO VICTORY COMMITTEE

Mailing Address **ATTN: ANNIE BAKER
503 C STREET NE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN MARCO RUBIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: **FL** District:

Date of Disbursement

03 / **24** / **2015**

Transaction ID : SB23.I4443

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RUBIO VICTORY COMMITTEE

Mailing Address **ATTN: ANNIE BAKER
503 C STREET NE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN MARCO RUBIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: **FL** District:

Date of Disbursement

03 / **24** / **2015**

Transaction ID : SB23.I4476

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. THE RICHARD BURR COMMITTEE

Mailing Address **C/O H2 CAPITAL CONSULTING LLC
325 &TH ST NW**

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

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

RICHARD BURR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: **NC** District:

Date of Disbursement

03 / **24** / **2015**

Transaction ID : SB23.I4439

Amount of Each Disbursement this Period

5000.00

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

15000.00

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 checked="" 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)
Strategy PAC

Full Name (Last, First, Middle Initial)

A. CRAPO FOR US SENATE

Mailing Address PO BOX 1984

City BOISE State ID Zip Code 83702

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN MIKE CRAPO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2015

Transaction ID : **SB23.I4447**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMM

Mailing Address 425 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : **SB23.I4450**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1885

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2015

Transaction ID : **SB23.I4526**

Amount of Each Disbursement this Period

15000.00

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

35000.00

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 checked="" 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)

Strategy PAC

Full Name (Last, First, Middle Initial)

A. HOEVEN FOR SENATE

Mailing Address PO BOX 861

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN JOHN HOEVEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SB23.I4729

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HOEVEN FOR SENATE

Mailing Address PO BOX 861

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN JOHN HOEVEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SB23.I4730

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement
POLITICAL DONATION

011

Candidate Name

SEN JERRY MORAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2015

Transaction ID : SB23.I4727

Amount of Each Disbursement this Period

5000.00

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

15000.00

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 checked="" 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)
Strategy PAC

Full Name (Last, First, Middle Initial) A. MORAN FOR KANSAS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address PO BOX 1151		Transaction ID : SB23.I4728
City HAYS	State KS	
Purpose of Disbursement POLITICAL DONATION	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name SEN JERRY MORAN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: KS	District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. THE RICHARD BURR COMMITTEE		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address C/O H2 CAPITAL CONSULTING LLC 325 &TH ST NW		Transaction ID : SB23.I4731
City WASHINGTON	State DC	
Purpose of Disbursement POLITICAL DONATION	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name RICHARD BURR	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC	District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
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)..... ▶	10000.00
TOTAL This Period (last page this line number only)..... ▶	135000.00