

**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

Republican Party of Wisconsin

ADDRESS (number and street)

148 East Johnson Street

☐ Check if different than previously reported. (ACC)

Madison

WI

53703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00074450

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 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 Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Mike Jones

Signature of Treasurer

Mike Jones

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

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	/	D D	/	Y Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">1152918.89</td></tr></table>	1152918.89				
Y	Y	Y	Y	Y													
2014																	
1152918.89																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">1111456.09</td></tr></table>	1111456.09															
1111456.09																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">350174.58</td></tr></table>	350174.58					<table><tr><td colspan="5">1148414.72</td></tr></table>	1148414.72									
350174.58																	
1148414.72																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">1461630.67</td></tr></table>	1461630.67					<table><tr><td colspan="5">2301333.61</td></tr></table>	2301333.61									
1461630.67																	
2301333.61																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">255328.41</td></tr></table>	255328.41					<table><tr><td colspan="5">1095031.35</td></tr></table>	1095031.35									
255328.41																	
1095031.35																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">1206302.26</td></tr></table>	1206302.26					<table><tr><td colspan="5">1206302.26</td></tr></table>	1206302.26									
1206302.26																	
1206302.26																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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)

Page 3

Write or Type Committee Name

Republican Party of Wisconsin

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2014

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).....

100851.00

353163.50

(ii) Unitemized

170639.95

552486.08

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

271490.95

905649.58

(b) Political Party Committees

44550.00

170700.00

(c) Other Political Committees

(such as PACs).....

33500.00

64300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

349540.95

1140649.58

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).....

633.63

2532.73

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5232.41

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)) ▶

350174.58

1148414.72

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

350174.58

1148414.72

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	145276.93	605986.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	145276.93	605986.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	1000.00	101072.55
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	109051.48	387972.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	109051.48	387972.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	255328.41	1095031.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	255328.41	1095031.35

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)	349540.95	1140649.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	349540.95	1140649.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	145276.93	605986.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	633.63	2532.73
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	144643.30	603454.07

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 6 OF 153

☒ 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

Full Name (Last, First, Middle Initial)

A. THOMAS ALBIERO

Mailing Address W149 N9942 RIMROCK ROAD

City

GERMANTOWN

State

WI

Zip Code

53022-6128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11.909143

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JANET ALFONSO

Mailing Address 6402 SHARPSBURG DRIVE

City

MADISON

State

WI

Zip Code

53718-3160

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11.912683

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RALPH AMOS

Mailing Address 9120 NORTH COUNTY ROAD 925 WEST

City

ALEXANDRIA

State

IN

Zip Code

46001-9363

FEC ID number of contributing
federal political committee.

C

Name of Employer

R & R ENGINEERING COMPANY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11.910457

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s)
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PAGE 7 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BETTY ANDERSON

Mailing Address 31745 W MUSCOVY ROAD

City

HARTLAND

State

WI

Zip Code

53029-9707

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 ▼

1000.00

Date of Receipt

04 / 17 / 2014

Transaction ID : SA11.910053

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MS. VIOLET JEAN ANDERSON

Mailing Address 5700 CAMBRIDGE CIRCLE BUILDING 16

City

MOUNT PLEASANT

State

WI

Zip Code

53406-2858

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 ▼

250.00

Date of Receipt

04 / 15 / 2014

Transaction ID : SA11.909763

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. KATHERINE ASPENSON

Mailing Address 351 MASON ST. NW APT 346

City

ONALASKA

State

WI

Zip Code

54650-7054

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 ▼

400.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11.910296

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 8 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HARVEY A. BAIRD

Mailing Address 216 GRANDVIEW DRIVE

City
HUDSON

State
WI

Zip Code
54016-5812

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-INDEPENDENT CONTRACTOR

Occupation

ANESTHETIST (CRNA) CERTIFIED REGISTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11.910114

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM E. BARRY

Mailing Address 15085 BENDING BRAE COURT

City

BROOKFIELD

State

WI

Zip Code

53005-2681

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPEED SYSTEMS, INC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 15 / 2014

Transaction ID : SA11.909956

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. TIMOTHY J. BITTERS

Mailing Address 5929 W WASHINGTON BOULEVARD APT 2

City

MILWAUKEE

State

WI

Zip Code

53208-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer

TIM BITTERS PROPERTY MANAGEMENT CO

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.912519

Amount of Each Receipt this Period

45.00

CONTRIBUTION

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

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

2795.00

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

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FOR LINE NUMBER:
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PAGE 9 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SARAH J. BLOCKHUS

Mailing Address E2480 QUAIL RUN

City

EAU CLAIRE

State

WI

Zip Code

54701-9451

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

04 / 24 / 2014

Transaction ID : SA11.910382

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEVEN BORN

Mailing Address 196 WESTERN AVE

City

FOND DU LAC

State

WI

Zip Code

54935-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer

METAL LINK CORPORATION

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 14 / 2014

Transaction ID : SA11.909575

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GERALD A. BRORBY

Mailing Address 5943 OAK HOLLOW DRIVE

City

MCFARLAND

State

WI

Zip Code

53558-9064

FEC ID number of contributing
federal political committee.

C

Name of Employer

STRATA

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11.913089

Amount of Each Receipt this Period

150.00

CONTRIBUTION

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

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

650.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 10 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DEAN BROWN

Mailing Address P.O. BOX 611

City

FORT ATKINSON

State

WI

Zip Code

53538-0611

FEC ID number of contributing
federal political committee.

C

Name of Employer

D A BROWN, INC

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 14 / 2014

Transaction ID : SA11.910124

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MICHAEL BROWN

Mailing Address 108 BELLE RIDGE DRIVE

City

MADISON

State

AL

Zip Code

35758-7874

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCDD

Occupation

HEALTHCARE PROVIDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2014

Transaction ID : SA11.909245

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. OLIVE BRYSON

Mailing Address 7272 N BRIDGE LANE

City

MILWAUKEE

State

WI

Zip Code

53217-3626

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 ▼

500.00

Date of Receipt

04 / 01 / 2014

Transaction ID : SA11.907502

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

950.00

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

Use separate schedule(s)
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(check only one)

PAGE 11 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LISA M. BUESTRIN

Mailing Address 1000 W CALUMET ROAD

City
RIVER HILLS

State
WI

Zip Code
53217-3008

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 ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.910746

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. TIMOTHY BYRNE

Mailing Address P.O. BOX 8950

City
MADISON

State
WI

Zip Code
53708-8950

FEC ID number of contributing
federal political committee.

C

Name of Employer

MORTENSON MATZELLE AND MELDRUM

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2014

Transaction ID : SA11.910052

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. JEFFREY G. CAINE

Mailing Address W7591 CREEK ROAD

City
LOWELL

State
WI

Zip Code
53557-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAINE WAREHOUSING

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.910741

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

2500.00

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 12 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CAROL A. CARPENTER

Mailing Address 656 WEST EVERGREEN COURT

City

MILWAUKEE

State

WI

Zip Code

53217-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUDUBON COURT BOOKS

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.910744

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DAVID W. CARSTENS

Mailing Address 1221 TENNY AVENUE

City

WAUKESHA

State

WI

Zip Code

53186-6650

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 ▼

270.00

Date of Receipt

04 / 10 / 2014

Transaction ID : SA11.908863

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. JIM CATLIN

Mailing Address W5447 MIELKE ROAD

City

MENASHA

State

WI

Zip Code

54952-9737

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 ▼

250.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.913072

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

850.00

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 13 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MRS FRANCES CHAPMAN FRIGO

Mailing Address 1245 OUTWARD AVENUE

City

DE PERE

State

WI

Zip Code

54115-1822

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 ▼

400.00

Date of Receipt

04 / 17 / 2014

Transaction ID : SA11.909583

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN C. COPP

Mailing Address 3 LAUREL HILL LANE

City

SAVANNAH

State

GA

Zip Code

31411-2512

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 ▼

250.00

Date of Receipt

04 / 15 / 2014

Transaction ID : SA11.909496

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. KAREN E. COWAN

Mailing Address 2680 HUMBOLDT ROAD, APT 1

City

GREEN BAY

State

WI

Zip Code

54311-5768

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 ▼

380.00

Date of Receipt

04 / 21 / 2014

Transaction ID : SA11.910312

Amount of Each Receipt this Period

60.00

CONTRIBUTION

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

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

310.00

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 14 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. KAREN E. COWAN

Mailing Address 2680 HUMBOLDT ROAD, APT 1

City
GREEN BAY

State Zip Code
WI 54311-5768

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 ▼

380.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.912870

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT COWEN

Mailing Address 9617 N JUNIPER CIRCLE

City
MEQUON

State Zip Code
WI 53092-6215

FEC ID number of contributing
federal political committee.

C

Name of Employer

BADGER ALLOYS, INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11.908982

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. FRANK J. COYNE JR.

Mailing Address 41 GORWIN DRIVE

City
HANSON

State Zip Code
MA 02341-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHAW'S SUPERMARKETS

Occupation

GROCERY CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.912816

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

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

2650.00

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 15 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FRANK J. COYNE JR.

Mailing Address 41 GORWIN DRIVE

City
HANSON

State
MA

Zip Code
02341-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHAW'S SUPERMARKETS

Occupation

GROCERY CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2014

Transaction ID : SA11.912985

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN VEDDER CROUL

Mailing Address 1901 BAYADERE TERRACE

City

CORONA DEL MAR

State

CA

Zip Code

92625-1810

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 ▼

2500.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11.911515

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ALFRED DECRANE JR.

Mailing Address 30 WAX MYRTLE WAY

City

VERO BEACH

State

FL

Zip Code

32963-3721

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 ▼

500.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11.911737

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

3050.00

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 16 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TOM DERRIG

Mailing Address 36078 RAVINIA PARK BOULEVARD

City
SUMMIT

State Zip Code
WI 53066-

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMG AURORA WILKINSON MEDICAL CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 23 / 2014

Transaction ID : SA11.916421

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOSEPH JEROME EASTMAN

Mailing Address 1933 DARWIN AVE

City
GREEN BAY

State Zip Code
WI 54303-6401

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUMANA INSURANCE

Occupation

CUSTOMER SERVICE/BENEFITS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.916526

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DAVID ERLANDSON

Mailing Address 7448 N TEUTONIA AVENUE

City
MILWAUKEE

State Zip Code
WI 53209-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAK PROPERTY MANAGEMENT

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11.912319

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

575.00

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 17 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER J. EVANICH

Mailing Address 1585 BARRINGTON WOODS DRIVE

City

BROOKFIELD

State

WI

Zip Code

53045-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.910742

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT FISCH

Mailing Address 5455 SHERIDAN RD.

City

KENOSHA

State

WI

Zip Code

53140-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

EYE CARE LLSC

Occupation

OPTOMETRIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 17 / 2014

Transaction ID : SA11.909978

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROBERT FISCH

Mailing Address 5455 SHERIDAN RD.

City

KENOSHA

State

WI

Zip Code

53140-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

EYE CARE LLSC

Occupation

OPTOMETRIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.910772

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

1500.00

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 18 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN FLECKENSTEIN

Mailing Address W260 N2914 STEEPLECHASE ROAD

City

PEWAUKEE

State

WI

Zip Code

53072-4576

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SYSTEM ENGINEER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 08 / 2014

Transaction ID : SA11.908962

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT FULLER JR.

Mailing Address 10 10TH STREET APT 11 B

City

ATLANTIC BEACH

State

FL

Zip Code

32233-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

R H FULLER, INC

Occupation

OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.911663

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GAY GAINES

Mailing Address 2 N BREAKER ROW APT N35

City

PALM BEACH

State

FL

Zip Code

33480-3986

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORPORATION FOR PUBLIC BROADCASTIN

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.911766

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

1650.00

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 19 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ANDREW GOTZION

Mailing Address P.O. BOX 587

City
DEFOREST

State Zip Code
WI 53532-0587

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST INGREDIENTS

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SA11.909246

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ANDREW GOTZION

Mailing Address P.O. BOX 587

City
DEFOREST

State Zip Code
WI 53532-0587

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST INGREDIENTS

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11.910758

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ALVIN A. GREASON

Mailing Address N8145 SCHOOL FOREST LANE

City
CRIVITZ

State Zip Code
WI 54114-7645

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 Y
04 / 25 / 2014

Transaction ID : SA11.912696

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

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

450.00

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 20 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LESLEY GREEN

Mailing Address 1170 AFTON STREET

City

PASADENA

State

CA

Zip Code

91103-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF CALIFORNIA

Occupation

JUDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.913102

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KENNETH GROTHMANN

Mailing Address W337S5059 ROAD GG

City

DOUSMAN

State

WI

Zip Code

53118-9733

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN ENTERTAINMENT

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11.912896

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JERRY HACKL

Mailing Address 2833 LARUE FIELD LANE

City

SUN PRAIRIE

State

WI

Zip Code

53590-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer

HACKL TRANS

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2014

Transaction ID : SA11.910054

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 21 OF 153

(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

Full Name (Last, First, Middle Initial)

A. KENNETH J. HANNI

Mailing Address 114 N MAIN STREET

City

IRON RIDGE

State

WI

Zip Code

53035-9686

FEC ID number of contributing
federal political committee.

C

Name of Employer

PS SEASONING

Occupation

OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11.911507

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DANIEL HARTUNG

Mailing Address 7850 NOLL VALLEY ROAD

City

VERONA

State

WI

Zip Code

53593-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARTUNG BROTHERS, INC

Occupation

OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11.910748

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. THOMAS J. HAUSKE SR.

Mailing Address 4845 MUELLER LANE

City

WEST BEND

State

WI

Zip Code

53095-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11.910743

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

11500.00

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 OF 153

(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

Full Name (Last, First, Middle Initial)

A. RUTH HEDLUNDBERGREN

Mailing Address PO BOX 401

City

APPLETON

State

WI

Zip Code

54912-0401

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 ▼

400.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11.912902

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KEVIN J. HERMENING

Mailing Address 2245 COUNTY RD. KK

City

MOSINEE

State

WI

Zip Code

54455-9759

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERMENING FINANCIAL GROUP LLC

Occupation

FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : SA11.909201

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WILLIAM HILGEMANN

Mailing Address C2122 BALSAM ROAD, PO BOX 86

City

STRATFORD

State

WI

Zip Code

54484-0086

FEC ID number of contributing
federal political committee.

C

Name of Employer

A AND B PROCESS SYSTEMS CORPORATIO

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11.910408

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

1900.00

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 23 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. N CHRIS HINRICHS

Mailing Address 703 MOYGARA ROAD

City
MONONA

State
WI

Zip Code
53716-3405

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 ▼

250.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11.912712

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JEFFREY R. HOEY

Mailing Address 3440 TAURUS DRIVE

City
RACINE

State
WI

Zip Code
53406-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHURPOC, INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.912671

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARK R. HOGAN

Mailing Address 2510 N. 90TH STREET

City
WAUWATOSA

State
WI

Zip Code
53226-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

BMO HARRIS BANK

Occupation

SENIOR ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 03 / 2014

Transaction ID : SA11.907501

Amount of Each Receipt this Period

750.00

CONTRIBUTION

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

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

1250.00

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 24 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STAN HOLLEN

Mailing Address 1384 SUNRISE CIR S

City
UPLAND

State
CA

Zip Code
91784-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer

CO FINANCIAL SERVICE

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11.911110

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MIRIAM B. HUTH

Mailing Address 475 - 4TH FARIWAY DRIVE

City

ROSWELL

State

GA

Zip Code

30076-3565

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 ▼

350.00

Date of Receipt

04 / 15 / 2014

Transaction ID : SA11.909535

Amount of Each Receipt this Period

130.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS. MARGARET A. JACKSON

Mailing Address 5387 MARINERS COVE DR UNIT 312

City

MADISON

State

WI

Zip Code

53704-7606

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 ▼

250.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.911245

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

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

580.00

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

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

FOR LINE NUMBER: PAGE 25 OF 153

(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

Full Name (Last, First, Middle Initial)

A. MURRAY JAFFE

Mailing Address 221 S PLAZA COURT

City State Zip Code
MOUNT PLEASANT SC 29464-6302

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11.911649

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARGARET JENKS

Mailing Address 750 S HANLEY ROAD APT 54

City State Zip Code
SAINT LOUIS MO 63105-2695

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARGARET MATHEWS JENKS
FOUNDATION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11.908073

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAY S. JENSEN

Mailing Address 100 WISCONSIN AVE. #701

City State Zip Code
MADISON WI 53703-4173

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLASEN QUALITY COATINGS

Occupation

OWNER/OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11.909247

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

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

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

10750.00

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 26 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. P JENSEN

Mailing Address W5202 LARSON ROAD

City State Zip Code
 RIO WI 53960-9575

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11.910346

Amount of Each Receipt this Period

240.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARK O. JOHNSON

Mailing Address 104 GERLAND ROAD

City State Zip Code
 RICE LAKE WI 54868-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer

RICE LAKE WEIGHING SYS.

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

04 / 01 / 2014

Transaction ID : SA11.907503

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARY JOINER

Mailing Address 2507 RUSSELL PARKWAY

City State Zip Code
 GREAT BEND KS 67530-2421

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

04 / 08 / 2014

Transaction ID : SA11.908525

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

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

10540.00

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

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

FOR LINE NUMBER: PAGE 27 OF 153

(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

Full Name (Last, First, Middle Initial)

A. JACK KEEN

Mailing Address P.O. BOX 885

City
SILVER CITYState
NMZip Code
88062-0885FEC ID number of contributing
federal political committee.

C

Name of Employer

WNM COMMUNICATIONS

Occupation

TELEPHONE COMPANY CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11.910847

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LINDA G. KENDALL

Mailing Address 2151 LAGUNA STREET

City
SAN FRANCISCOState
CAZip Code
94115-2332FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11.911508

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. H KNPHEIDE III

Mailing Address P.O. BOX 7140

City
QUINCYState
ILZip Code
62305-7140FEC ID number of contributing
federal political committee.

C

Name of Employer

KNAPHEIDE MANUFACTURING COMPANY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11.911509

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 28 OF 153

(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

Full Name (Last, First, Middle Initial)

A. PENELOPE L. KOWALKE

Mailing Address 810 ROSEMARY LANE

City

BARABOO

State

WI

Zip Code

53913-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer

SWEET HUT, LLC

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.912012

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES LECHER

Mailing Address W140 N7975 LILLY ROAD

City

MENOMONEE FALLS

State

WI

Zip Code

53051-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB CHRYSLER SOUTH

Occupation

DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2014

Transaction ID : SA11.908688

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. HERBERT ALAN LEVIN

Mailing Address 724 EAST GRINNEL DR.

City

BURBANK

State

CA

Zip Code

91501-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOJ OF THE STATE OF CALIFORNIA

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

04 / 17 / 2014

Transaction ID : SA11.910084

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 153

(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

Full Name (Last, First, Middle Initial)

A. MR. JAMES T. LUNDBERG

Mailing Address 1036 EASTHILL PLACE

City
WAUSAUState
WIZip Code
54403-9222FEC 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 Y
04 / 15 / 2014

Transaction ID : SA11.909557

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RICHARD C. MARX

Mailing Address P.O. BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590-0440

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 ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11.910415

Amount of Each Receipt this Period

106.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CHARLES MATTHEWS

Mailing Address 321 GRAND AVENUE

City

WAUKEGAN

State

IL

Zip Code

60085-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer

MATTHEWS PROFESSIONAL EMPLOYMENT

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11.913116

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

456.00

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 30 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LEE J. MCCONAGHY

Mailing Address 2717 SEVILLE BLVD

City

CLEARWATER

State

FL

Zip Code

33764-1163

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 ▼

800.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11.911260

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEPHEN MCGUIRE

Mailing Address 2810 E MENLO BLVD

City

MILWAUKEE

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer

US BANK

Occupation

BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11.910827

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SAMUEL D. MEYER

Mailing Address 38 TYLER COURT

City

FOND DU LAC

State

WI

Zip Code

54935-5423

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11.908534

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

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

600.00

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 31 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. REGINA MILLER

Mailing Address 25 FULLER DRIVE

City
MADISON

State
WI

Zip Code
53704-5962

FEC ID number of contributing
federal political committee.

C

Name of Employer

RMM

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11.911513

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SUSAN MILLER

Mailing Address 2228 E WOODSTOCK PLACE

City

MILWAUKEE

State

WI

Zip Code

53202-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

UW MILWAUKEE

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.910957

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DAVID MILLIGAN

Mailing Address 775 S GREEN BAY RD

City

LAKE FOREST

State

IL

Zip Code

60045-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : SA11.909197

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 32 OF 153

(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

Full Name (Last, First, Middle Initial)

A. SANDRA R. MILLS

Mailing Address 1500 RUE RAYNARD

City
MENASHA

State Zip Code
WI 54952-2946

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 ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11.909211

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RANDY A. MINICK

Mailing Address N3969 COUNTY A

City
COLUMBUS

State Zip Code
WI 53925-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11.913120

Amount of Each Receipt this Period

230.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. PETER MORTON

Mailing Address 968 MILL POND LN.

City
NEENAH

State Zip Code
WI 54956-1380

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2014

Transaction ID : SA11.909977

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

1480.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GLADYS MUEHL

Mailing Address 736 S 7TH AVENUE

City
WEST BEND

State Zip Code
WI 53095-3945

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 Y
04 / 01 / 2014

Transaction ID : SA11.908129

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARTIN B. MUNROE

Mailing Address 9630 WOODLAND RD.

City
NEW MARKET

State Zip Code
MD 21774-2944

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 Y
04 / 29 / 2014

Transaction ID : SA11.913151

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOHN F. MURPHY

Mailing Address 2181 JAMIESON AVENUE, UNIT 610

City
ALEXANDRIA

State Zip Code
VA 22314-5749

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11.912593

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

650.00

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 34 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARIAN NASGOVITZ

Mailing Address 4470 NORTH LAKE DRIVE

City
SHOREWOOD

State Zip Code
WI 53211-1775

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARTLAND FUNDS

Occupation
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11.911514

Amount of Each Receipt this Period

9500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARY NEWTON

Mailing Address 607 E TAYLOR RUN PARKWAY

City
ALEXANDRIA

State Zip Code
VA 22314-4929

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11.909539

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. KEITH J. NIEMUTH

Mailing Address 540 SILVERWOOD LANE

City
NEENAH

State Zip Code
WI 54956-1940

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11.908750

Amount of Each Receipt this Period

150.00

CONTRIBUTION

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

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

9850.00

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 35 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PATRICIA OKRAY

Mailing Address 2801 RAINBOW DRIVE

City

PLOVER

State

WI

Zip Code

54467-2551

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 ▼

500.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11.912619

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ONEIDA TRIBE OF INDIANS OF WI

Mailing Address PO BOX 365

City

ONEIDA

State

WI

Zip Code

54155-0365

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 02 / 2014

Transaction ID : SA11.914664

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. SAN W. ORR JR.

Mailing Address P.O. BOX 65

City

WOODRUFF

State

WI

Zip Code

54568-0065

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

04 / 15 / 2014

Transaction ID : SA11.910051

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 153

(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

Full Name (Last, First, Middle Initial)

A. NELSON L. PAYNE

Mailing Address 37119 SABER COURT

City State Zip Code
 GREENBACKVILLE VA 23356-2617

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11.909521

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SHIRLEY PERNOT

Mailing Address N7534 TROW ROAD

City State Zip Code
 BROOKLYN WI 53521-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer

O AND A MANUFACTURING

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11.910178

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JEFFREY C. PLIER

Mailing Address 14 NORTH HILL ROAD

City State Zip Code
 WAUSAU WI 54403-3671

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAUSAU CONTAINER CORPORATION

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11.908352

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

750.00

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 37 OF 153

<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

Full Name (Last, First, Middle Initial)

A. TANNIRU RAO

Mailing Address 2655 N MAYFAIR ROAD

City

MILWAUKEE

State

WI

Zip Code

53226-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARKET PROBE

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2014

Transaction ID : SA11.907467

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. DAVID W. RICHARDSON SR.

Mailing Address 455 RIVER OAKS DR.

City

SHEBOYGAN FALLS

State

WI

Zip Code

53085-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer

RICHARDSON INDUSTRIES

Occupation

FURNITURE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11.910149

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WALTER B. ROBERTS JR.

Mailing Address 1299 BLACK OAKS COURT N

City

PLYMOUTH

State

MN

Zip Code

55447-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11.911254

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

850.00

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:
(check only one)

PAGE 38 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MICHAEL ROHRKASLE

Mailing Address 1417 MAHLER

City
NEENAH

State
WI

Zip Code
54956-4974

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 ▼

250.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11.911518

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOEL ROTHMAN

Mailing Address 27 CARMEL BAY DR

City

CORONA DEL MAR

State

CA

Zip Code

92625-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

JAZZ PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.911715

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOHN SCEPANSKI

Mailing Address 455 E MORGAN AVENUE

City

MILWAUKEE

State

WI

Zip Code

53207-3309

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 ▼

400.00

Date of Receipt

04 / 08 / 2014

Transaction ID : SA11.908508

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

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

600.00

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 39 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. KENNETH M. SCHNEITER

Mailing Address W4337 COUNTY ROAD S TRAILER 31

City
HORICON

State Zip Code
WI 53032-9793

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 ▼

225.00

Date of Receipt

04 / 10 / 2014

Transaction ID : SA11.908474

Amount of Each Receipt this Period

90.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEVE SCHONERT

Mailing Address 3540 CRANBERRY LN

City
RACINE

State Zip Code
WI 53404-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON CONTROLS INC

Occupation

ACCOUNT EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11.910775

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. JOHN D. SCOTT

Mailing Address P.O. BOX 66

City
LAKE DELTON

State Zip Code
WI 53940-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCOTT CONSTRUCTION

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 03 / 2014

Transaction ID : SA11.907500

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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

840.00

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

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

FOR LINE NUMBER: PAGE 40 OF 153

(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

Full Name (Last, First, Middle Initial)

A. PATTY SHABAZ

Mailing Address 1501 BURNING WOOD WAY

City
MADISONState
WIZip Code
53704-1000FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11.907504

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. J DONALD SHOCKEY JR.

Mailing Address P.O. BOX 2530

City
WINCHESTERState
VAZip Code
22604-1729FEC ID number of contributing
federal political committee.

C

Name of Employer

THE SHOCKEY PRECAST GROUP, INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11.912223

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. FREDERICK SMITH

Mailing Address 7 TIMBERPARK CT.

City
LUTHVLE TIMONState
MDZip Code
21093-1111FEC ID number of contributing
federal political committee.

C

Name of Employer

SINCLAIR BROADCAST GROUP

Occupation

BUINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11.907811

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

3000.00

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 41 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SHANNON STOKER

Mailing Address 12939 NORTH COBBLESTONE COURT

City
MEQUON

State Zip Code
WI 53097-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

PRESIDENT/OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11.912714

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ELIZABETH K. TOULON

Mailing Address P.O. BOX 666

City
KOLOA

State Zip Code
HI 96756-0666

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 ▼

250.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11.912812

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DONALD TYKESON

Mailing Address 47301 LAS CASCADAS CT.

City
INDIAN WELLS

State Zip Code
CA 92210-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

T/A ASSOCIATES

SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11.911714

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

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

2300.00

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 42 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MR. IRVIN VOLLERT

Mailing Address 1620 RIVERWOOD LANE

City State Zip Code
 WISCONSIN RAPIDS WI 54494-4749

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 ▼

425.00

Date of Receipt

04 / 15 / 2014

Transaction ID : SA11.909696

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. IRVIN VOLLERT

Mailing Address 1620 RIVERWOOD LANE

City State Zip Code
 WISCONSIN RAPIDS WI 54494-4749

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 ▼

425.00

Date of Receipt

04 / 18 / 2014

Transaction ID : SA11.911020

Amount of Each Receipt this Period

225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RICHARD A. WALZ

Mailing Address W4898 N KINNEY COULEE ROAD

City State Zip Code
 ONALASKA WI 54650-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALZ CABINET

Occupation

CORP PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 03 / 2014

Transaction ID : SA11.907789

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

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

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 153

(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

Full Name (Last, First, Middle Initial)

A. RICHARD A. WALZ

Mailing Address W4898 N KINNEY COULEE ROAD

City

ONALASKA

State

WI

Zip Code

54650-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALZ CABINET

Occupation

CORP PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11.907988

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER WELD

Mailing Address P.O. BOX 928

City

ESSEX

State

MA

Zip Code

01929-0017

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 ▼

2500.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11.911791

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BRUCE E. WENCEL

Mailing Address 5129 WHITCOMB DRIVE

City

MADISON

State

WI

Zip Code

53711-2636

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 ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11.908569

Amount of Each Receipt this Period

150.00

CONTRIBUTION

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

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

2900.00

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

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

FOR LINE NUMBER: PAGE 44 OF 153

(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

Full Name (Last, First, Middle Initial)

A. KURT WILHELM

Mailing Address 208 PARKER STREET

City State Zip Code
 BOSCOBEL WI 53805-

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BOSCOBEL CLINIC SC

Occupation
 PHSYICAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11.916428

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. HOWARD A. WILL JR.

Mailing Address N9242 S SHORE DRIVE

City State Zip Code
 EAST TROY WI 53120-2178

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11.909641

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARY WRIGHT

Mailing Address N1691 COUNTY ROAD C

City State Zip Code
 SHARON WI 53585-9759

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 Y Y
 04 / 23 / 2014

Transaction ID : SA11.910494

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

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

700.00

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 45 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FRED M. YOUNG JR

Mailing Address 3201 MICHIGAN BOULEVARD

City

RACINE

State

WI

Zip Code

53402-3819

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 ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11.910010

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

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 Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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 Y Y

Amount of Each Receipt this Period

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

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

5000.00

100851.00

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 46 OF 153

☐ 11a ☒ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1885

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

170700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11.916414

Amount of Each Receipt this Period

44550.00

TRANSFER

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

44550.00

44550.00

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 47 OF 153

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ADVANCE AMERICA CASH ADVANCE CENTERS

Mailing Address 35 NORTH CHURCH ST

City State Zip Code
SPARTANBURG SC 29304-

FEC ID number of contributing
federal political committee.

C C00429001

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
04 02 2014

Transaction ID : SA11.914663

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ALTRIA GROUP INC.

Mailing Address 101 CONSITUTION AVENUE NW

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 02 2014

Transaction ID : SA11.914662

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GENERAL MOTORS PAC

Mailing Address 1660 L SUITE, NW SUITE 400

City State Zip Code
WASHINGTON DC 20036-5603

FEC ID number of contributing
federal political committee.

C C00076810

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 29 2014

Transaction ID : SA11.914673

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

4500.00

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 48 OF 153

(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

Full Name (Last, First, Middle Initial)

A. GENERAL MOTORS PAC

Mailing Address 1660 L SUITE, NW SUITE 400

City State Zip Code
WASHINGTON DC 20036-5603

FEC ID number of contributing
federal political committee.

C C00076810

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / **29** / **2014**

Transaction ID : SA11.914674

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHNSON & JOHNSON FEDERAL PAC

Mailing Address 1 JOHNSON & JOHNSON PLAZA

City State Zip Code
NEW BRUNSWICK NJ 08933-0001

FEC ID number of contributing
federal political committee.

C C00010983

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / **11** / **2014**

Transaction ID : SA11.914669

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LIBERTY MUTUAL INSURANCE COMPANY-PAC

Mailing Address 175 BERKELEY STREET

City State Zip Code
BOSTON MA 02116-5066

FEC ID number of contributing
federal political committee.

C C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

04 / **02** / **2014**

Transaction ID : SA11.914667

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 153

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LIBERTY MUTUAL INSURANCE COMPANY-PAC

Mailing Address 175 BERKELEY STREET

City
BOSTON

State
MA

Zip Code
02116-5066

FEC ID number of contributing
federal political committee.

C C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11.914668

Amount of Each Receipt this Period

3500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MILLER COORS LLC PAC FED

Mailing Address 1501 M STREET NW #330

City
WASHINGTON

State
DC

Zip Code
20005-1701

FEC ID number of contributing
federal political committee.

C C00457697

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
04 / 10 / 2014

Transaction ID : SA11.914657

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MOTOROLA SOLUTIONS INC FEDERAL PAC

Mailing Address 1455 PENNSYLVANIA AVE NW
SUITE 900

City
WASHINGTON

State
DC

Zip Code
20004-1016

FEC ID number of contributing
federal political committee.

C C00075341

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
04 / 10 / 2014

Transaction ID : SA11.914658

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

5500.00

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 50 OF 153

(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

Full Name (Last, First, Middle Initial)

A. NORTHWESTERN MUTUAL LIFE FEDERAL PAC

Mailing Address 777 E WISCONSIN AVE.

City State Zip Code
MILWAUKEE WI 53202-5302

FEC ID number of contributing federal political committee. **C** C00197095

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 02 / 2014

Transaction ID : SA11.914666

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. REYNOLDS AMERICAN PAC

Mailing Address PO BOX 718

City State Zip Code
WINSTON SALEM NC 27102-0718

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11.914672

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SERVICES GROUP OF AMERICA INC PAC

Mailing Address 16100 N 71ST ST, STE 501

City State Zip Code
SCOTTSDALE AZ 85254-2232

FEC ID number of contributing federal political committee. **C** C00224618

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11.914671

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

7000.00

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 51 OF 153

(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

Full Name (Last, First, Middle Initial)

A. TDS TELECOM PAC FED

Mailing Address PO BOX 5158

City
MADISON

State Zip Code
WI 53705-0158

FEC ID number of contributing
federal political committee.

C C00299750

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / **02** / **2014**

Transaction ID : SA11.914661

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. THRIVENT FINANCIAL FOR LUTHERANS EMPLOYEE PAC

Mailing Address POST OFFICE BOX 1892

City
APPLETON

State Zip Code
WI 54912-1892

FEC ID number of contributing
federal political committee.

C C00121319

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / **02** / **2014**

Transaction ID : SA11.914665

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. UA POLITICAL EDUCATION COMMITTEE - FEDERAL

Mailing Address 3 PARK PLACE

City
ANNAPOLIS

State Zip Code
MD 21401-3687

FEC ID number of contributing
federal political committee.

C C00012476

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **02** / **2014**

Transaction ID : SA11.914660

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

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

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

7000.00

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 52 OF 153

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. UNITEDHEALTH GROUP INCORPORATED PAC

Mailing Address 9900 BREN ROAD EAST

City State Zip Code
 MINNETONKA MN 55343-9664

FEC ID number of contributing
federal political committee.

C C00274431

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
 04 / 10 / 2014

Transaction ID : SA11.914659

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. UNITEDHEALTH GROUP INCORPORATED PAC

Mailing Address 9900 BREN ROAD EAST

City State Zip Code
 MINNETONKA MN 55343-9664

FEC ID number of contributing
federal political committee.

C C00274431

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
 04 / 11 / 2014

Transaction ID : SA11.914670

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

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 Y

Amount of Each Receipt this Period

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

5000.00

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

33500.00

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 53 OF 153

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address P.O. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1384.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11.916430

Amount of Each Receipt this Period

485.10

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

485.10

485.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 153

<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

Full Name (Last, First, Middle Initial)

A. Donald Brenengen

Mailing Address 3151 Edgewater Drive

City	State	Zip Code
LaCrosse	WI	54603

Purpose of Disbursement
In Kind: Transportation

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB21B.I18421

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. ADVANTAGE DIRECT

Mailing Address 2300 CLARENDON BOULEVARD

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
AUTO CALLS

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B.I17666

Amount of Each Disbursement this Period

540.76

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 981540

City	State	Zip Code
EL PASO	TX	79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

Transaction ID : SB21B.I17667

Amount of Each Disbursement this Period

7.95

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

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

648.71

<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

Republican Party of Wisconsin

A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.I17668

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

446.02

Full Name (Last, First, Middle Initial)

B. APPLETON WEST END REALTY LLC

Date of Disbursement

M M / D D / Y Y Y Y
04 14 2014

City	State	Zip Code
APPLETON	WI	54911

Transaction ID : SB21B.I17669

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

700.00

State: District:

Full Name (Last, First, Middle Initial)

C. APPLETON WEST END REALTY LLC

Date of Disbursement

Mailing Address 512 W. COLLEGE AVE

City	State	Zip Code
APPLETON	WI	54911

Transaction ID : SB21B.I17670

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

700.00

State: District:

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

1846.02

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

<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

Republican Party of Wisconsin

A. ASPECT CONSULTING, LLC

Mailing Address 8401 EXCELSIOR DRIVE

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I17671

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

B. BANCARD/FIS MERCHANT SERVICES

Mailing Address 11000 W LAKE PARK DRIVE

City	State	Zip Code
MILWAUKEE	WI	53224

Purpose of Disbursement	CREDIT CARD PROCESSING FEE
-------------------------	----------------------------

Candidate Name	Age	Gender	Marital Status	Religion	Ethnicity	Education Level	Occupation	Income	Assets	Liabilities	Net Worth	Debt-to-Income Ratio	Credit Score	Risk Rating
John Doe	35	Male	Married	Christian	White	Bachelor's Degree	Software Engineer	\$80,000	\$200,000	\$50,000	\$150,000	0.625	720	Low
Jane Smith	28	Female	Single	Muslim	Black	High School Graduate	Retail Associate	\$30,000	\$10,000	\$20,000	\$10,000	0.667	650	Medium
Michael Johnson	42	Male	Divorced	Hindu	Asian	Master's Degree	Marketing Manager	\$90,000	\$250,000	\$75,000	\$175,000	0.429	750	Low
Sarah Lee	31	Female	Married	Buddhist	Hispanic	Diploma	Customer Service Representative	\$40,000	\$15,000	\$25,000	\$15,000	0.625	680	Medium
David Brown	55	Male	Widowed	Jewish	White	PhD	Professor	\$120,000	\$300,000	\$100,000	\$200,000	0.333	780	Low
Alice White	22	Female	Single	Christian	White	Associate's Degree	Warehouse Worker	\$25,000	\$5,000	\$20,000	\$5,000	0.800	600	High
Robert Green	60	Male	Married	Muslim	Black	College Graduate	Teacher	\$60,000	\$180,000	\$40,000	\$140,000	0.286	700	Low
Laura Black	38	Female	Married	Hindu	Asian	Master's Degree	Nurse Practitioner	\$100,000	\$280,000	\$80,000	\$200,000	0.400	760	Low
James Taylor	48	Male	Divorced	Buddhist	Hispanic	High School Graduate	Construction Worker	\$50,000	\$20,000	\$30,000	\$20,000	0.600	670	Medium
Karen Adams	25	Female	Single	Jewish	White	Bachelor's Degree	Data Analyst	\$70,000	\$150,000	\$30,000	\$120,000	0.250	730	Low
Christopher Wilson	52	Male	Married	Christian	Black	College Graduate	Police Officer	\$65,000	\$190,000	\$45,000	\$145,000	0.312	710	Low
Michelle Davis	33	Female	Married	Muslim	Asian	Associate's Degree	Administrative Assistant	\$35,000	\$12,000	\$23,000	\$12,000	0.667	660	Medium
Kevin Miller	45	Male	Divorced	Hindu	White	Master's Degree	Business Development Manager	\$95,000	\$260,000	\$70,000	\$190,000	0.367	740	Low
Angela Garcia	27	Female	Single	Buddhist	Hispanic	Diploma	Food Service Worker	\$28,000	\$8,000	\$20,000	\$8,000	0.714	610	High
Gregory Martinez	58	Male	Married	Jewish	Black	College Graduate	Social Worker	\$75,000	\$210,000	\$50,000	\$160,000	0.312	720	Low
Stephanie Hernandez	30	Female	Married	Christian	White	Bachelor's Degree	Project Coordinator	\$85,000	\$230,000	\$60,000	\$170,000	0.349	740	Low
Benjamin King	40	Male	Divorced	Muslim	Asian	Master's Degree	Research Scientist	\$110,000	\$290,000	\$90,000	\$200,000	0.450	770	Low
Rebecca Scott	24	Female	Single	Hindu	Black	Associate's Degree	Warehouse Worker	\$22,000	\$7,000	\$15,000	\$7,000	0.778	590	High
Timothy Young	50	Male	Married	Buddhist	White	College Graduate	Accountant	\$78,000	\$220,000	\$55,000	\$165,000	0.333	730	Low
Christina Lopez	36	Female	Married	Jewish	Hispanic	High School Graduate	Sales Representative	\$45,000	\$18,000	\$27,000	\$18,000	0.600	670	Medium
Jonathan Hall	43	Male	Divorced	Christian	Black	Master's Degree	Systems Administrator	\$88,000	\$240,000	\$65,000	\$175,000	0.375	750	Low
Victoria Allen	29	Female	Single	Muslim	Asian	Bachelor's Degree	Human Resources Specialist	\$72,000	\$160,000	\$35,000	\$125,000	0.281	730	Low
Samuel Wright	53	Male	Married	Hindu	White	College Graduate	Operations Manager	\$92,000	\$250,000	\$72,000	\$178,000	0.400	740	Low
Kimberly Baker	26	Female	Single	Buddhist	Black	Diploma	Food Service Worker	\$27,000	\$9,000	\$18,000	\$9,000	0.667	610	High
Eric Thompson	47	Male	Divorced	Jewish	Hispanic	Master's Degree	Product Manager	\$105,000	\$270,000	\$85,000	\$185,000	0.459	760	Low
Heather Clark	32	Female	Married	Christian	White	Bachelor's Degree	Quality Assurance Tester	\$68,000	\$170,000	\$42,000	\$128,000	0.324	720	Low
Brandon Lewis	41	Male	Married	Muslim	Asian	College Graduate	IT Support Technician	\$70,000	\$190,000	\$50,000	\$140,000	0.357	720	Low
Monica Walker														

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I17672

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	20.5
25-34	22.5
35-44	18.5
45-54	12.5
55-64	8.5
65-74	5.5
75-84	3.5
85+	1.5

Full Name (Last, First, Middle Initial)

C. BANCARD/FIS MERCHANT SERVICES

Mailing Address 11000 W LAKE PARK DRIVE

City	State	Zip Code
MILWAUKEE	WI	53224

Purpose of Disbursement	CREDIT CARD PROCESSING FEE
-------------------------	----------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '04' with 4 segments lit. The second display shows '04' with 4 segments lit. The third display shows '2014' with 10 segments lit.

Transaction ID : SB21B.I17673

Amount of Each Disbursement this Period

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

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

6075.00

<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

Republican Party of Wisconsin

A. BANCARD/FIS MERCHANT SERVICES

Date of Disbursement



Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '04' with two squares above it. The second display shows '10' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : SB21B.I17674

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

643.60

B. BEST BUDS LLC

Date of Disbursement

04 / 07 / 2014

Transaction ID : SB21B.I17675

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

C. BMO HARRIS BANK

Date of Disbursement

Transaction ID : SB21B.I17676

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

12.00

1255.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SB21B.I17677

Amount of Each Disbursement this Period

110.16

B. BMO HARRIS BANK

Full Name (Last, First, Middle Initial)

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SB21B.I17678

Amount of Each Disbursement this Period

570.73

C. BMO HARRIS BANK NA 2362

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 84047

City COLUMBUS State GA Zip Code 31908

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : SB21B.I17679

Amount of Each Disbursement this Period

33.59

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

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

714.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
FINANCE CHARGE

Candidate Name

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
02 10 2014

Transaction ID : SB21B.I17879

Amount of Each Disbursement this Period

0.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BMO HARRIS BANK NA 4595 1824

Mailing Address CREDIT CARD PROCESSING CENTER

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

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 30 2014

Transaction ID : SB21B.I17680

Amount of Each Disbursement this Period

2731.75

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 1516 2ND AVENUE

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

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 03 2014

Transaction ID : SB21B.I18018

Amount of Each Disbursement this Period

435.63

[MEMO ITEM]

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

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

2731.75

<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

Republican Party of Wisconsin

A. BMO HARRIS BANK

Date of Disbursement



Transaction ID : SB21B.I18047

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65+	46.01

[MEMO ITEM]

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. BROCACH IRISH PUB

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18019

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	127.06
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100

[MEMO ITEM]

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. DELTA AIR

Date of Disbursement

Transaction ID : SB21B.I18021

Amount of Each Disbursement this Period

297.50

[MEMO ITEM]

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

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

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

PAGE 61 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEB SERVICE

Candidate Name

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
03 / 11 / 2014

Transaction ID : SB21B.I18025

Amount of Each Disbursement this Period

18.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEB SERVICE

Candidate Name

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
03 / 12 / 2014

Transaction ID : SB21B.I18026

Amount of Each Disbursement this Period

116.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
DOMAIN REGISTRATION

Candidate Name

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
03 / 17 / 2014

Transaction ID : SB21B.I18027

Amount of Each Disbursement this Period

4.99

[MEMO ITEM]

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

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

0.00

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

PAGE 64 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SB21B.I18036

Amount of Each Disbursement this Period

96.00

[MEMO ITEM]

B. OFFICE DEPOT

Full Name (Last, First, Middle Initial)

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SB21B.I18040

Amount of Each Disbursement this Period

388.16

[MEMO ITEM]

C. OFFICE MAX

Full Name (Last, First, Middle Initial)

Mailing Address 7341 WEST TOWNE WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SB21B.I18041

Amount of Each Disbursement this Period

67.45

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

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
04 / 04 / 2014

Transaction ID : SB21B.I18042

Amount of Each Disbursement this Period

25.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
DONATION PAGE TESTING

Candidate Name

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
04 / 07 / 2014

Transaction ID : SB21B.I18048

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
DONATION PAGE TESTING

Candidate Name

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
04 / 08 / 2014

Transaction ID : SB21B.I18049

Amount of Each Disbursement this Period

6.95

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
DONATION PAGE TESTING

Candidate Name

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
04 08 2014

Transaction ID : SB21B.I18050

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE GREAT DANE PUB

Mailing Address 2980 CAHILL MAIN

City State Zip Code
FITCHBURG WI 53711
Purpose of Disbursement
MEETING EXPENSE

Candidate Name

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
03 31 2014

Transaction ID : SB21B.I18043

Amount of Each Disbursement this Period

100.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERTICAL RESPONSE

Mailing Address 50 BEALE STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
EMAIL SERVICES

Candidate Name

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
03 17 2014

Transaction ID : SB21B.I18044

Amount of Each Disbursement this Period

499.00

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 153

<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

Full Name (Last, First, Middle Initial)

A. BROCACH IRISH PUB

Mailing Address 7 W MAIN ST

City
MADISONState
WIZip Code
53703-3305Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Transaction ID : SB21B.I17995

Amount of Each Disbursement this Period

97.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. EXPEDIA

Mailing Address 333 108TH AVENUE NE

City
BELLEVUEState
WAZip Code
98004Purpose of Disbursement
STAFF TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2014

Transaction ID : SB21B.I18001

Amount of Each Disbursement this Period

722.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
DOMAIN REGISTRATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2014

Transaction ID : SB21B.I18002

Amount of Each Disbursement this Period

8.99

[MEMO ITEM]

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

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

0.00

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

PAGE 69 OF 153

<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

Full Name (Last, First, Middle Initial)

A. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement
WEB SERVICE

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2014

Transaction ID : SB21B.I18003

Amount of Each Disbursement this Period

26.34

[MEMO ITEM]

B. GODADDY.COM

Full Name (Last, First, Middle Initial)

Mailing Address 14455 N HAYDEN ROAD

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement
WEB SERVICE

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : SB21B.I18004

Amount of Each Disbursement this Period

121.05

[MEMO ITEM]

C. GODADDY.COM

Full Name (Last, First, Middle Initial)

Mailing Address 14455 N HAYDEN ROAD

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement
WEB SERVICE

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : SB21B.I18005

Amount of Each Disbursement this Period

107.88

[MEMO ITEM]

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

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

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEB SERVICE

Candidate Name

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
02 27 2014

Transaction ID : SB21B.I18006

Amount of Each Disbursement this Period

5.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEB SERVICE

Candidate Name

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
03 08 2014

Transaction ID : SB21B.I18007

Amount of Each Disbursement this Period

21.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. INSTY PRINTS

Mailing Address 1112 S PARK ST

City MADISON State WI Zip Code 53715

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

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
02 14 2014

Transaction ID : SB21B.I18008

Amount of Each Disbursement this Period

296.66

[MEMO ITEM]

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

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

0.00

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

PAGE 71 OF 153

<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

Full Name (Last, First, Middle Initial)

A. JOURNAL BROADCAST GROUP

Mailing Address 720 E CAPITOL DRIVE

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
SUBSCRIPTION

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : SB21B.I18009

Amount of Each Disbursement this Period

10.62

[MEMO ITEM]

B. MICROSOFT

Full Name (Last, First, Middle Initial)

Mailing Address 1 MICROSOFT WAY

City	State	Zip Code
REDMOND	WA	98052

Purpose of Disbursement
SUBSCRIPTION

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : SB21B.I18010

Amount of Each Disbursement this Period

96.91

[MEMO ITEM]

C. OFFICE MAX

Full Name (Last, First, Middle Initial)

Mailing Address 7341 WEST TOWNE WAY

City	State	Zip Code
MADISON	WI	53719

Purpose of Disbursement
OFFICE SUPPLIES

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : SB21B.I18012

Amount of Each Disbursement this Period

149.45

[MEMO ITEM]

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

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

0.00

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<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

Republican Party of Wisconsin

A. UNITED AIRLINES

Date of Disbursement



Transaction ID : SB21B.I18013

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

528.00

[MEMO ITEM]

B. VERTICAL RESPONSE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18014

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

453.83

[MEMO ITEM]

C. BOULDER VENTURE 26 LLC

Date of Disbursement

Transaction ID : SB21B.I17682

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

300.00

300.00

<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

Republican Party of Wisconsin

A. CAMPAIGN NOW

Category/
Type

917.56

State: District:

B. CAMPAIGN NOW

Category/
Type

7260.00

State: District:

C. CENTURY LINK

Category/
Type

73.47

State: District:

8251.03

<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

Republican Party of Wisconsin

A. CHARTER - EAU CLAIRE

Date of Disbursement

Transaction ID : SB21B.I17686

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

223.71

B. CHARTER - JANESVILLE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I17687

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

293.63

C. CHARTER - MADISON

Date of Disbursement

04 / 15 / 2014

Transaction ID : SB21B.I17688

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

191.49

708.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHARTER - MADISON

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CABLE

Candidate Name

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 / 01 / 2014
Transaction ID : SB21B.I17689

Amount of Each Disbursement this Period

609.07

Full Name (Last, First, Middle Initial)

B. CHARTER - SHEBOYGAN

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CABLE

Candidate Name

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 / 23 / 2014
Transaction ID : SB21B.I17690

Amount of Each Disbursement this Period

182.35

Full Name (Last, First, Middle Initial)

C. COCA COLA ENTERPRISES

Mailing Address 2335 PAYSHERE CIRCLE

City CHICAGO State IL Zip Code 60674

Purpose of Disbursement
OFFICE SODA

Candidate Name

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 / 01 / 2014
Transaction ID : SB21B.I17722

Amount of Each Disbursement this Period

21.10

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

812.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. EDGEWOOD PLAZA JOINT VENTURE

Mailing Address 10400 W INNOVATION DRIVE

City MILWAUKEE State WI Zip Code 53226

Purpose of Disbursement
OFFICE RENT

Candidate Name

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
04 / 14 / 2014

Transaction ID : SB21B.I17726

Amount of Each Disbursement this Period

1160.94

Full Name (Last, First, Middle Initial)

B. HILLCREST PROPERTIES LTD.

Mailing Address 2986 COUNTY ROAD PP

City DEPERE State WI Zip Code 54115

Purpose of Disbursement
OFFICE RENT

Candidate Name

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
04 / 14 / 2014

Transaction ID : SB21B.I17728

Amount of Each Disbursement this Period

1225.00

Full Name (Last, First, Middle Initial)

C. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 740423

City ATLANTA State GA Zip Code 30374

Purpose of Disbursement
COPIER LEASE

Candidate Name

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
04 / 07 / 2014

Transaction ID : SB21B.I17729

Amount of Each Disbursement this Period

1352.25

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

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

3738.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 153

<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

Full Name (Last, First, Middle Initial)

A. LAPPIN HAYES ASSOCIATES

Mailing Address C/O OGDEN AND COMPANT, INC

City	State	Zip Code
MILWAUKEE	WI	53202

Purpose of Disbursement
OFFICE RENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : SB21B.I17733

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. LAPPIN HAYES ASSOCIATES

Mailing Address C/O OGDEN AND COMPANT, INC

City	State	Zip Code
MILWAUKEE	WI	53202

Purpose of Disbursement
OFFICE RENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : SB21B.I17734

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

C. LIND WEININGER LLC

Mailing Address 8020 EXCELSIOR DRIVE #402

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement
LEGAL SERVICES

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B.I17735

Amount of Each Disbursement this Period

1000.00

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

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

2800.00

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<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

Republican Party of Wisconsin

A. LOMONA LLC

Category/
Type

1506.90

State: District:

B. MAYFAIR OFFICE, LLC

M M / D D / Y Y Y Y
04 14 2014

Category/
Type

800.00

State: District:

C. MAYFAIR OFFICE, LLC

Category/
Type

Día	Personas
Domingo	800
Lunes	100
Martes	100
Miércoles	100
Jueves	100
Viernes	100
Sábado	100

State: District:

3106.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. OUGHTON GROUP, LLC

Mailing Address 824A S MAIN STREET

City FOND DU LAC State WI Zip Code 54935

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SB21B.I17742

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SB21B.I17692

Amount of Each Disbursement this Period

10.75

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 08 / 2014

Transaction ID : SB21B.I17693

Amount of Each Disbursement this Period

12.26

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

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

1023.01

<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

Republican Party of Wisconsin

A. PIRYX

Category/
Type

13.33

State: District:

B. PIRYX

Category/
Type

14.84

State: District:

C. PIRYX

Category/
Type

15.06

State: District:

43.23

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

PAGE 84 OF 153

<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

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : SB21B.I17697

Amount of Each Disbursement this Period

16.21

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SB21B.I17698

Amount of Each Disbursement this Period

17.87

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : SB21B.I17699

Amount of Each Disbursement this Period

18.28

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

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

52.36

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<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

Republican Party of Wisconsin

A. PIRYX

Category/
Type

27.60

State: District:

B. PIRYX

04 / 29 / 2014

Category/
Type

29.00

State: District:

C. PIRYX

Three digital displays are shown, each with a date format. The first display shows '04' with two small squares above it. The second display shows '29' with two small squares above it. The third display shows '2014' with four small squares above it.

Category/
Type

29.00

State: District:

President	Very satisfied (%)
Trump	85.60

<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

Republican Party of Wisconsin

A. PIRYX

Category/
Type

36.14

State: District:

B. PIRYX

04 / 10 / 2014

Category/
Type

Year	Percentage
2020	20.0
2021	78.70

State: District:

C. PIRYX

Category/
Type

78.81

State: District:

Age Group	Percentage
18-24	19.65
25-34	19.65
35-44	19.65
45-54	19.65
55-64	19.65
65-74	19.65
75+	19.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

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
04 09 2014

Transaction ID : SB21B.I17706

Amount of Each Disbursement this Period

543.77

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

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
04 14 2014

Transaction ID : SB21B.I17744

Amount of Each Disbursement this Period

1.08

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

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
04 17 2014

Transaction ID : SB21B.I17745

Amount of Each Disbursement this Period

1.08

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

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

545.93

<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

Republican Party of Wisconsin

A. PIRYX

Category/
Type

Food Item	Number of People
Pizza	4
Burger	9
Salad	1
Sushi	6

State: District:

B. PIRYX

M M / D D / Y Y Y Y
04 16 2014

Category/
Type[illegible]

State: District:

C. PIRYX

Category/
Type

7.53

State: District:

17.19

<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

Republican Party of Wisconsin

A. PIRYX

Category/
Type

8.60

State: District:

B. PIRYX

04 / 22 / 2014

Category/
Type

8.60

State: District:

C. PIRYX

Category/
Type

9.68

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

26.88

<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

Republican Party of Wisconsin

A. PUSH DIGITAL

The image shows three 16-pin D-sub connectors. The first connector is labeled '04' and has pins labeled 'M' and 'M'. The second connector is labeled '03' and has pins labeled 'D' and 'D'. The third connector is labeled '2014' and has pins labeled 'Y', 'Y', 'Y', and 'Y'.

Category/
Type

Age Group	Number of people
13-17	100
18-24	150
25-34	180
35-44	120
45-54	160
55-64	140
65-74	110
75-84	90
85+	80

State: District:

B. PUSH DIGITAL

Category/
Type

2801.41

State: District:

C. PUSH DIGITAL

Category/
Type

2834.58

State: District:

5835.99

<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

Republican Party of Wisconsin

A. RJ JOHNSON & ASSOCIATES, INC

Mailing Address N7130 NORTH LOST LAKE ROAD

City	State	Zip Code
RANDOLPH	WI	53956

Purpose of Disbursement
POLITICAL CONSULTING: STRATEGY

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : SB21B.I17665

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SOUTHWEST PUBLISHING & MAILING CORP

Mailing Address 2600 NW TOPEKA BLVD.

City	State	Zip Code
TOPEKA	KS	66617

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : SB21B.I17714

Amount of Each Disbursement this Period

1433.66

Full Name (Last, First, Middle Initial)

C. SOUTHWEST PUBLISHING & MAILING CORP

Mailing Address 2600 NW TOPEKA BLVD.

City	State	Zip Code
TOPEKA	KS	66617

Purpose of Disbursement

PRINTING-NOT FEA

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : SB21B.I17715

Amount of Each Disbursement this Period

7340.67

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

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

18774.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SOUTHWEST PUBLISHING & MAILING CORP

Mailing Address 2600 NW TOPEKA BLVD.

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 14 2014

Transaction ID : SB21B.I17716

Amount of Each Disbursement this Period

7627.91

Full Name (Last, First, Middle Initial)

B. SOUTHWEST PUBLISHING & MAILING CORP

Mailing Address 2600 NW TOPEKA BLVD.

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 01 2014

Transaction ID : SB21B.I17717

Amount of Each Disbursement this Period

13860.64

Full Name (Last, First, Middle Initial)

C. SOUTHWEST PUBLISHING & MAILING CORP

Mailing Address 2600 NW TOPEKA BLVD.

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 09 2014

Transaction ID : SB21B.I17718

Amount of Each Disbursement this Period

26835.31

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

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

48323.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SPRINT

Mailing Address P.O. BOX 4181

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
CELLPHONE

Candidate Name

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 / 07 / 2014

Transaction ID : SB21B.I17719

Amount of Each Disbursement this Period

52.57

Full Name (Last, First, Middle Initial)

B. SPRINT

Mailing Address P.O. BOX 4181

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
CELLPHONE

Candidate Name

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 / 07 / 2014

Transaction ID : SB21B.I17720

Amount of Each Disbursement this Period

685.91

Full Name (Last, First, Middle Initial)

C. STEVE BROWN DIRECT MAIL

Mailing Address 10045 WHITETAIL LANE

City TRUCKEE State CA Zip Code 96161

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

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 / 14 / 2014

Transaction ID : SB21B.I17721

Amount of Each Disbursement this Period

5459.55

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

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

6198.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STEVE BROWN DIRECT MAIL

Mailing Address 10045 WHITETAIL LANE

City TRUCKEE State CA Zip Code 96161

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

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
04 / 01 / 2014

Transaction ID : SB21B.I17752

Amount of Each Disbursement this Period

6939.01

Full Name (Last, First, Middle Initial)

B. TDS - MADISON 5590

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE PHONES

Candidate Name

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
04 / 01 / 2014

Transaction ID : SB21B.I17753

Amount of Each Disbursement this Period

345.95

Full Name (Last, First, Middle Initial)

C. TDS METROCOM

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE PHONES

Candidate Name

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
04 / 07 / 2014

Transaction ID : SB21B.I17754

Amount of Each Disbursement this Period

359.01

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

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

7643.97

<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

Republican Party of Wisconsin

A. TDS METROCOM

Category/
Type

1074.45

State: District:

B. TIME WARNER CABLE

04 / 23 / 2014

Category/
Type

709.06

State: District:

C. TOKEN STORAGE

Category/
Type

570.00

State: District:

2353.51

<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

Republican Party of Wisconsin

A. TOOTH FAIRY LLC

Mailing Address 79 OAK CREEK TRAIL

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement	
OFFICE RENT	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I17758

Amount of Each Disbursement this Period

1450.00

Full Name (Last, First, Middle Initial)

B. WAUKESHA EAST COMMERCE CENTER LLC

Mailing Address 1703 PEARL STREET

City	State	Zip Code
WAUKESHA	WI	53186

Purpose of Disbursement	
OFFICE RENT	

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
04 14 2014

Transaction ID : SB21B.I17759

Amount of Each Disbursement this Period

2048.08

Full Name (Last, First, Middle Initial)

C. WE ENERGIES

Mailing Address 231 W MICHIGAN STREET

City	State	Zip Code
MILWAUKEE	WI	53203-2918

Purpose of Disbursement	
UTILITIES	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I17761

Amount of Each Disbursement this Period

304.80

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

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

3802.88

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

PAGE 98 OF 153

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WISCONSIN PUBLIC SERVICE CORPORATION

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	4		0	7		2014					

Mailing Address P.O. BOX 19003

City	State	Zip Code
GREEN BAY	WI	54307

Transaction ID : SB21B.I17762Purpose of Disbursement
UTILITIES

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

118.21

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) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. XCEL ENERGY

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	4		0	1		2014					

Mailing Address P.O. BOX 9477

City	State	Zip Code
MINNEAPOLIS	MN	55484

Transaction ID : SB21B.I17763Purpose of Disbursement
UTILITIES

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

444.78

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) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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) ▼
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562.99

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

144931.66

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Republican Party of Wisconsin

A. LIBERTY MUTUAL INSURANCE CO PAC

Date of Disbursement

Transaction ID : SB21B.I17664

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ALEXA ARDIS

Mailing Address 2616 HIGH MEADOW ROAD

City	State	Zip Code
NAPERVILLE	IL	60564

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17764

Amount of Each Disbursement this Period

174.08

Full Name (Last, First, Middle Initial)

B. ALEXA ARDIS

Mailing Address 2616 HIGH MEADOW ROAD

City	State	Zip Code
NAPERVILLE	IL	60564

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17765

Amount of Each Disbursement this Period

190.55

Full Name (Last, First, Middle Initial)

C. EVAN BRADTKE

Mailing Address N69 W13212 HARDING DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17767

Amount of Each Disbursement this Period

968.77

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

1333.40

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 PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 153

<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

Full Name (Last, First, Middle Initial)

A. EVAN BRADTKE

Mailing Address N69 W13212 HARDING DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

Purpose of Disbursement
PAYROLL

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17768

Amount of Each Disbursement this Period

968.76

Full Name (Last, First, Middle Initial)

B. EVAN BRADTKE

Mailing Address N69 W13212 HARDING DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17880

Amount of Each Disbursement this Period

141.63

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

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

Purpose of Disbursement
MILEAGE REIMBURSEMENT

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17881

Amount of Each Disbursement this Period

17.70

[MEMO ITEM]

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

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

1110.39

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 153

<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

Full Name (Last, First, Middle Initial)

A. WOODMAN'S

Mailing Address 1600 E MAIN STREET

City	State	Zip Code
WAUKESHA	WI	53186

Purpose of Disbursement
VOLUNTEER FOOD

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : SB30B.I17882

Amount of Each Disbursement this Period

40.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WOODMAN'S

Mailing Address 1600 E MAIN STREET

City	State	Zip Code
WAUKESHA	WI	53186

Purpose of Disbursement
VOLUNTEER FOOD

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : SB30B.I17883

Amount of Each Disbursement this Period

30.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EVAN BRADTKE

Mailing Address N69 W13212 HARDING DRIVE

City	State	Zip Code
MENOMONEE FALLS	WI	53051

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17936

Amount of Each Disbursement this Period

83.93

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

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

83.93

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

PAGE 103 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City	State	Zip Code
CAMBRIDGE	WI	53523

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17769

Amount of Each Disbursement this Period

995.28

Full Name (Last, First, Middle Initial)

B. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City	State	Zip Code
CAMBRIDGE	WI	53523

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17770

Amount of Each Disbursement this Period

995.27

Full Name (Last, First, Middle Initial)

C. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City	State	Zip Code
CAMBRIDGE	WI	53523

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17886

Amount of Each Disbursement this Period

100.51

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

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

2091.06

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

PAGE 104 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17887

Amount of Each Disbursement this Period

25.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code
WHITEFISH BAY WI 53217Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17771

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

C. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code
WHITEFISH BAY WI 53217Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17772

Amount of Each Disbursement this Period

1116.19

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

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

2232.39

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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. PHILIP CURRY

Category/
Type

97.20

State: District:

B. MILEAGE

04 / 15 / 2014

Category/
Type

State: District:

24.45

[MEMO ITEM]

C. PHILIP CURRY

Category/
Type

State: District:

240.80

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

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

PAGE 106 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17942

Amount of Each Disbursement this Period

172.50

[MEMO ITEM]

B. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 702 SW 8TH STREET

City State Zip Code
BENTONVILLE AR 72716Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : SB30B.I17943

Amount of Each Disbursement this Period

68.30

[MEMO ITEM]

C. THOMAS DALLMAN

Full Name (Last, First, Middle Initial)

Mailing Address 348 E OKLAHOMA AVENUE

City State Zip Code
BAY VIEW WI 53207Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17773

Amount of Each Disbursement this Period

969.68

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

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

969.68

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 153

<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

Full Name (Last, First, Middle Initial)

A. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City	State	Zip Code
BAY VIEW	WI	53207

Purpose of Disbursement
PAYROLL

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17774

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

B. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City	State	Zip Code
BAY VIEW	WI	53207

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17944

Amount of Each Disbursement this Period

205.67

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

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

Purpose of Disbursement
MILEAGE REIMBURSEMENT

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17945

Amount of Each Disbursement this Period

35.50

[MEMO ITEM]

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

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

1175.36

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

PAGE 108 OF 153

<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

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
VOLUNTEER FOOD

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SB30B.I17946

Amount of Each Disbursement this Period

30.62

[MEMO ITEM]

B. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE SUPPLIES

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SB30B.I17951

Amount of Each Disbursement this Period

20.62

[MEMO ITEM]

C. REED DHEIN

Full Name (Last, First, Middle Initial)

Mailing Address 1333 MILTON STREET

City	State	Zip Code
MADISON	WI	53715

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17775

Amount of Each Disbursement this Period

101.62

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

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

101.62

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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. REED DHEIN

Category/
Type

131.25

State: District:

B. RICHARD A. DICKIE

04 / 15 / 2014

Category/
Type

1155.31

State: District:

C. RICHARD A. DICKIE

Category/
Type

1176.19

State: District:

2462.75

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

PAGE 110 OF 153

<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

Full Name (Last, First, Middle Initial)

A. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17779

Amount of Each Disbursement this Period

1255.89

Full Name (Last, First, Middle Initial)

B. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17780

Amount of Each Disbursement this Period

1255.88

Full Name (Last, First, Middle Initial)

C. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17899

Amount of Each Disbursement this Period

71.20

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

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

2582.97

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

PAGE 112 OF 153

<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

Full Name (Last, First, Middle Initial)

A. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City	State	Zip Code
MILWAUKEE	WI	53221

Purpose of Disbursement
PAYROLL

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17781

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

B. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City	State	Zip Code
MILWAUKEE	WI	53221

Purpose of Disbursement
PAYROLL

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17782

Amount of Each Disbursement this Period

969.68

Full Name (Last, First, Middle Initial)

C. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City	State	Zip Code
MILWAUKEE	WI	53221

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17902

Amount of Each Disbursement this Period

111.03

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

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

2050.40

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

PAGE 113 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17903

Amount of Each Disbursement this Period

56.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City State Zip Code
MILWAUKEE WI 53221Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17954

Amount of Each Disbursement this Period

119.27

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17955

Amount of Each Disbursement this Period

96.21

[MEMO ITEM]

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

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

119.27

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 153

<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

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE PAPER

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SB30B.I17957

Amount of Each Disbursement this Period

14.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOSEPH FADNESS

Mailing Address 9506 S RYAN GREEN CT

City	State	Zip Code
FRANKLIN	WI	53132

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17783

Amount of Each Disbursement this Period

2449.81

Full Name (Last, First, Middle Initial)

C. JOSEPH FADNESS

Mailing Address 9506 S RYAN GREEN CT

City	State	Zip Code
FRANKLIN	WI	53132

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17784

Amount of Each Disbursement this Period

2449.82

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

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

4899.63

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

PAGE 115 OF 153

<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

Full Name (Last, First, Middle Initial)

A. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City	State	Zip Code
BELLEVILLE	WI	53508

Purpose of Disbursement
PAYROLL

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17785

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

B. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City	State	Zip Code
BELLEVILLE	WI	53508

Purpose of Disbursement
PAYROLL

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17786

Amount of Each Disbursement this Period

969.68

Full Name (Last, First, Middle Initial)

C. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City	State	Zip Code
BELLEVILLE	WI	53508

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17958

Amount of Each Disbursement this Period

216.26

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

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

2155.63

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

PAGE 116 OF 153

<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

Full Name (Last, First, Middle Initial)

A. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17787

Amount of Each Disbursement this Period

640.42

Full Name (Last, First, Middle Initial)

B. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON	State WI	Zip Code 53704
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17788

Amount of Each Disbursement this Period

702.81

Full Name (Last, First, Middle Initial)

C. BEN GILES

Mailing Address 1510 TRIPP CIRCLE

City MADISON	State WI	Zip Code 53706
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17789

Amount of Each Disbursement this Period

310.38

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

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

1653.61

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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. BEN GILES

Category/
Type

288.07

State: District:

B. BEN GILES

Category/
Type

38.00

State: District:

C. ANDREW GOWDY

Category/
Type

1281.48

State: District:

Age Group	Number of people
13-17	1607.55
18-24	~1200
25-34	~1000
35-44	~800
45-54	~600
55-64	~400
65-74	~200
75-84	~100
85+	~50

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

PAGE 118 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ANDREW GOWDY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address W279 N5886 WALNUT GROVE DR.

City	State	Zip Code
SUSSEX	WI	53089

Transaction ID : SB30B.I17792

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1281.49

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. MARTHA GRAVLEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 184 ROCKWOOD ROAD

City	State	Zip Code
COLUMBIA	SC	29209

Transaction ID : SB30B.I17793

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1020.89

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. MARTHA GRAVLEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address 184 ROCKWOOD ROAD

City	State	Zip Code
COLUMBIA	SC	29209

Transaction ID : SB30B.I17794

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1020.88

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).....▶

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

3323.26

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

PAGE 119 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MARTHA GRAVLEE

Mailing Address 184 ROCKWOOD ROAD

City
COLUMBIAState
SCZip Code
29209Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17967

Amount of Each Disbursement this Period

116.68

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17968

Amount of Each Disbursement this Period

53.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City
VIRGINIA BEACHState
VAZip Code
23464Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17795

Amount of Each Disbursement this Period

1116.20

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

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

1232.88

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 120 OF 153

<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

Full Name (Last, First, Middle Initial)

A. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City	State	Zip Code
VIRGINIA BEACH	VA	23464

Purpose of Disbursement
PAYROLL

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17796

Amount of Each Disbursement this Period

1116.19

Full Name (Last, First, Middle Initial)

B. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City	State	Zip Code
VIRGINIA BEACH	VA	23464

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17970

Amount of Each Disbursement this Period

163.93

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

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

Purpose of Disbursement
MILEAGE REIMBURSEMENT

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17971

Amount of Each Disbursement this Period

42.00

[MEMO ITEM]

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

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

1280.12

	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. DONNA K. HEIMBACH

Category/
Type

346.38

State: District:

B. DONNA K. HEIMBACH

Category/
Type

406.71

State: District:

C. DONNA K. HEIMBACH

Category/
Type

746.79

State: District:

1499.88

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

PAGE 122 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ANDREA HELLENBRAND

Mailing Address 6635 WINDSOR COMMONS AVENUE

City WINDSOR	State WI	Zip Code 53598
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17800

Amount of Each Disbursement this Period

1262.77

Full Name (Last, First, Middle Initial)

B. ANDREA HELLENBRAND

Mailing Address 6635 WINDSOR COMMONS AVENUE

City WINDSOR	State WI	Zip Code 53598
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17801

Amount of Each Disbursement this Period

1262.71

Full Name (Last, First, Middle Initial)

C. ANDREA HELLENBRAND

Mailing Address 6635 WINDSOR COMMONS AVENUE

City WINDSOR	State WI	Zip Code 53598
-----------------	-------------	-------------------

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17975

Amount of Each Disbursement this Period

58.50

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

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

2583.98

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

PAGE 123 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17976

Amount of Each Disbursement this Period

58.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MICHAEL JADIN

Mailing Address 2874 LOBELIA COURT

City State Zip Code
GREEN BAY WI 54313Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17802

Amount of Each Disbursement this Period

911.07

Full Name (Last, First, Middle Initial)

C. BRIAN KIND

Mailing Address 405 DORAL COURT

City State Zip Code
WAUNAKEE WI 53597Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17803

Amount of Each Disbursement this Period

658.36

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

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

1569.43

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

PAGE 124 OF 153

<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

Full Name (Last, First, Middle Initial)

A. BRIAN KIND

Mailing Address 405 DORAL COURT

City
WAUNAKEEState
WIZip Code
53597Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17804

Amount of Each Disbursement this Period

658.37

Full Name (Last, First, Middle Initial)

B. JOSEF LEVERATTO

Mailing Address 16011 VIA SOLA

City
LAKE ELSINAREState
CAZip Code
92530Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17805

Amount of Each Disbursement this Period

1288.31

Full Name (Last, First, Middle Initial)

C. JOSEF LEVERATTO

Mailing Address 16011 VIA SOLA

City
LAKE ELSINAREState
CAZip Code
92530Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17806

Amount of Each Disbursement this Period

1288.31

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

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

3234.99

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

PAGE 125 OF 153

<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

Full Name (Last, First, Middle Initial)

A. LARRY F. LOOMIS

Mailing Address 762 BRIAR LN

City	State	Zip Code
BELOIT	WI	53511

Purpose of Disbursement
PAYROLL

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17807

Amount of Each Disbursement this Period

586.80

Full Name (Last, First, Middle Initial)

B. LARRY F. LOOMIS

Mailing Address 762 BRIAR LN

City	State	Zip Code
BELOIT	WI	53511

Purpose of Disbursement
PAYROLL

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17808

Amount of Each Disbursement this Period

616.27

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER MARTIN

Mailing Address 100 CORRINA BOULEVARD, #433

City	State	Zip Code
WAUKESHA	WI	53186

Purpose of Disbursement
PAYROLL

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17809

Amount of Each Disbursement this Period

969.69

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

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

2172.76

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 126 OF 153

<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

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER MARTIN

Mailing Address 100 CORRINA BOULEVARD, #433

City
WAUKESHAState
WIZip Code
53186Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17810

Amount of Each Disbursement this Period

1262.71

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER MARTIN

Mailing Address 100 CORRINA BOULEVARD, #433

City
WAUKESHAState
WIZip Code
53186Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17977

Amount of Each Disbursement this Period

181.76

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17978

Amount of Each Disbursement this Period

12.98

[MEMO ITEM]

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

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

1444.47

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

PAGE 127 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City	State	Zip Code
EAU CLAIRE	WI	54701

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17811

Amount of Each Disbursement this Period

1434.83

Full Name (Last, First, Middle Initial)

B. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City	State	Zip Code
EAU CLAIRE	WI	54701

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17812

Amount of Each Disbursement this Period

730.50

Full Name (Last, First, Middle Initial)

C. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City	State	Zip Code
EAU CLAIRE	WI	54701

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17982

Amount of Each Disbursement this Period

797.34

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

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

2962.67

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 153

<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

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17983

Amount of Each Disbursement this Period

639.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City State Zip Code
OSHKOSH WI 54901Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17815

Amount of Each Disbursement this Period

90.90

Full Name (Last, First, Middle Initial)

C. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City State Zip Code
OSHKOSH WI 54901Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17816

Amount of Each Disbursement this Period

521.04

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

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

611.94

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 153

<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

Full Name (Last, First, Middle Initial)

A. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City
OSHKOSHState
WIZip Code
54901Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17906

Amount of Each Disbursement this Period

50.98

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17907

Amount of Each Disbursement this Period

50.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City
MILWAUKEEState
WIZip Code
53212Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17819

Amount of Each Disbursement this Period

1820.42

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

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

1871.40

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 130 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
PAYROLL

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17820

Amount of Each Disbursement this Period

1820.42

Full Name (Last, First, Middle Initial)

B. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17808

Amount of Each Disbursement this Period

237.17

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City	State	Zip Code
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Purpose of Disbursement
MILEAGE REIMBURSEMENT

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17909

Amount of Each Disbursement this Period

167.64

[MEMO ITEM]

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

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

2057.59

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

PAGE 131 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17985

Amount of Each Disbursement this Period

125.10

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City	State	Zip Code
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Purpose of Disbursement
MILEAGE REIMBURSEMENT

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17986

Amount of Each Disbursement this Period

125.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SCOTT POOLE

Mailing Address 1528 SELLERY STREET

City	State	Zip Code
MIDDLETON	WI	53562

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17821

Amount of Each Disbursement this Period

284.75

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

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

409.85

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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. SCOTT POOLE

Category/
Type

381.87

State: District:

B. GREG QUELLA

MM / DD / YYYY

Category/
Type

995.28

State: District:

C. GREG QUELLA

Three digital displays are shown, each with a date format. The first display shows '04' with two small squares above it. The second display shows '15' with two small squares above it. The third display shows '2014' with four small squares above it.

Category/
Type

995.27

State: District:

2372.42

	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. GREG QUELLA

Date of Disbursement

Transaction ID : SB30B.I17917

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

270.85

B. MILEAGE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB30B.I17918

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

89.60

[MEMO ITEM]

C. LINDA RICHARDS

Date of Disbursement

04 / 15 / 2014

Transaction ID : SB30B.I17825

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

108.40

379.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 OF 153

<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

Full Name (Last, First, Middle Initial)

A. LINDA RICHARDS

Mailing Address 652 TOWER DRIVE

City	State	Zip Code
SUN PRAIRIE	WI	53590

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17826

Amount of Each Disbursement this Period

125.64

Full Name (Last, First, Middle Initial)

B. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17827

Amount of Each Disbursement this Period

1411.34

Full Name (Last, First, Middle Initial)

C. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17828

Amount of Each Disbursement this Period

1411.30

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

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

2948.28

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 153

<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

Full Name (Last, First, Middle Initial)

A. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City
MADISONState
WIZip Code
53717Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17929

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17930

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THOMPSON SARAH

Mailing Address 409 W GORHAM STREET

City
MADISONState
WIZip Code
53703Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17847

Amount of Each Disbursement this Period

709.89

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

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

769.89

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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)

PAGE 136 OF 153

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THOMPSON SARAH

Mailing Address 409 W GORHAM STREET

City
MADISON

State
WI

Zip Code
53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB30B.I17848

Amount of Each Disbursement this Period

710.21

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER SCHAEFER

Mailing Address 1338 W 4TH STREET

City
KIMBERLY

State
WI

Zip Code
54136

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SB30B.I17829

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER SCHAEFER

Mailing Address 1338 W 4TH STREET

City
KIMBERLY

State
WI

Zip Code
54136

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB30B.I17830

Amount of Each Disbursement this Period

944.07

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

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

2598.36

	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. CHRISTOPHER SCHAEFER

Date of Disbursement

Transaction ID : SB30B.I17931

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

26.25

B. MILEAGE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB30B.I17932

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

26.25

[MEMO ITEM]

C. CHRISTOPHER SCHAEFER

Date of Disbursement

Transaction ID : SB30B.I17987

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

149.80

Age Group	Percentage
18-24	176.05
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100

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

PAGE 138 OF 153

<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

Full Name (Last, First, Middle Initial)

A. JONATHAN SCHMIEDER

Mailing Address 3117 STRATTON WAY, APT 207

City MADISON	State WI	Zip Code 53719
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17831

Amount of Each Disbursement this Period

1820.42

Full Name (Last, First, Middle Initial)

B. JONATHAN SCHMIEDER

Mailing Address 3117 STRATTON WAY, APT 207

City MADISON	State WI	Zip Code 53719
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17832

Amount of Each Disbursement this Period

1820.42

Full Name (Last, First, Middle Initial)

C. COOPER SMITH

Mailing Address 20815 GLEN COVE

City GARDEN RIDGE	State TX	Zip Code 78266
----------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17833

Amount of Each Disbursement this Period

944.99

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

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

4585.83

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 153

<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

Full Name (Last, First, Middle Initial)

A. COOPER SMITH

Mailing Address 20815 GLEN COVE

City	State	Zip Code
GARDEN RIDGE	TX	78266

Purpose of Disbursement
PAYROLL

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17834

Amount of Each Disbursement this Period

945.00

Full Name (Last, First, Middle Initial)

B. COOPER SMITH

Mailing Address 20815 GLEN COVE

City	State	Zip Code
GARDEN RIDGE	TX	78266

Purpose of Disbursement
EXPENSE REIMBURSEMENT

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17933

Amount of Each Disbursement this Period

64.96

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

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

Purpose of Disbursement
MILEAGE REIMBURSEMENT

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17934

Amount of Each Disbursement this Period

39.96

[MEMO ITEM]

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

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

1009.96

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

PAGE 140 OF 153

<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

Full Name (Last, First, Middle Initial)

A. CARL STOLTE

Mailing Address 3519 ROMA LANE

City
MIDDLETONState
WIZip Code
53562Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17835

Amount of Each Disbursement this Period

210.25

Full Name (Last, First, Middle Initial)

B. CARL STOLTE

Mailing Address 3519 ROMA LANE

City
MIDDLETONState
WIZip Code
53562Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17836

Amount of Each Disbursement this Period

221.50

Full Name (Last, First, Middle Initial)

C. HANNAH TORBORG

Mailing Address 17720 25TH AVENUE N

City
PLYMOUTHState
MNZip Code
55447Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17837

Amount of Each Disbursement this Period

242.03

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

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

673.78

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 153

<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

Full Name (Last, First, Middle Initial)

A. HANNAH TORBORG

Mailing Address 17720 25TH AVENUE N

City	State	Zip Code
PLYMOUTH	MN	55447

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17838

Amount of Each Disbursement this Period

325.87

Full Name (Last, First, Middle Initial)

B. THEODORE TORMOEN

Mailing Address 11525 HARMONY LANE

City	State	Zip Code
ARBOR VITAE	WI	54568

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.I17839

Amount of Each Disbursement this Period

20.20

Full Name (Last, First, Middle Initial)

C. THEODORE TORMOEN

Mailing Address 11525 HARMONY LANE

City	State	Zip Code
ARBOR VITAE	WI	54568

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17840

Amount of Each Disbursement this Period

318.15

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

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

664.22

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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. JOSSELYN VALASQUEZ

Date of Disbursement

Transaction ID : SB30B.I17841

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

177.32

B. JOSSELYN VALASQUEZ

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB30B.I17842

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

221.64

C. JOSHUA D. WILSON

Date of Disbursement

Transaction ID : SB30B.I17845

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

464.00

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

862.96

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 PageFOR LINE NUMBER:
(check only one)

PAGE 143 OF 153

<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

Full Name (Last, First, Middle Initial)

A. JOSHUA D. WILSON

Mailing Address 641 W. MAIN STREET

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17846

Amount of Each Disbursement this Period

527.98

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE	State NY	Zip Code 11788
-------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL TAX

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SB30B.I17849

Amount of Each Disbursement this Period

9.64

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE	State NY	Zip Code 11788
-------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL TAX

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.I17850

Amount of Each Disbursement this Period

10.83

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

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

548.45

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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. ACCOUNTANTS WORLD PAYROLL LLC

Category/
Type

10.83

State: District:

B. ACCOUNTANTS WORLD PAYROLL LLC

Category/
Type

32.13

State: District:

C. ACCOUNTANTS WORLD PAYROLL LLC

Category/
Type

45.00

State: District:

87.96

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

PAGE 145 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I17854

Purpose of Disbursement
PAYROLL PROCESSING FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

45.00

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. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I17855

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

57.40

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. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I17856

Purpose of Disbursement
PAYROLL PROCESSING FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

86.00

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)..... ►

188.40

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

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	21b		22		23		24		25		26
	27		28a		28b		28c		29	X	30b

Republican Party of Wisconsin

A. ACCOUNTANTS WORLD PAYROLL LLC

Category/
Type

86.00

State: District:

B. ACCOUNTANTS WORLD PAYROLL LLC

04 / 15 / 2014

Category/
Type

Age Group	Percentage
18-24	1.0
25-34	1.0
35-44	1.0
45-54	1.0
55-64	1.0
65-74	1.0
75-84	1.0
85-94	1.0
95+	86.0

State: District:

C. ACCOUNTANTS WORLD PAYROLL LLC

Category/
Type

86.00

State: District:

258.00

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

PAGE 147 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I17860

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Amount of Each Disbursement this Period

324.73

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) ▼
-------------------	---

Category/
Type

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I17861

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Amount of Each Disbursement this Period

369.77

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) ▼
-------------------	---

Category/
Type

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I17862

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Amount of Each Disbursement this Period

394.04

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) ▼
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Category/
Type

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

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

1088.54

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

PAGE 148 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : SB30B.117863

Amount of Each Disbursement this Period

402.56

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.117864

Amount of Each Disbursement this Period

405.42

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : SB30B.117865

Amount of Each Disbursement this Period

819.01

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

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

1626.99

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

PAGE 149 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.117866

Amount of Each Disbursement this Period

6086.64

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) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.117867

Amount of Each Disbursement this Period

6604.97

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) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.117868

Amount of Each Disbursement this Period

6670.67

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

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

19362.28

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 OF 153

<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

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I17869

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6976.67

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) ▼

Full Name (Last, First, Middle Initial)

B. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address BOX 6164

City	State	Zip Code
INDIANAPOLIS	IN	46206-6164

Transaction ID : SB30B.I17870

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

94.67

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) ▼

Full Name (Last, First, Middle Initial)

C. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address BOX 6164

City	State	Zip Code
INDIANAPOLIS	IN	46206-6164

Transaction ID : SB30B.I17871

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

96.34

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)..... ►

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

7167.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 151 OF 153

<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

Full Name (Last, First, Middle Initial)

A. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address BOX 6164

City	State	Zip Code
INDIANAPOLIS	IN	46206-6164

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Candidate Name

Category/
Type

Transaction ID : SB30B.I17872

Amount of Each Disbursement this Period

126.48

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) ▼

Full Name (Last, First, Middle Initial)

B. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address BOX 6164

City	State	Zip Code
INDIANAPOLIS	IN	46206-6164

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Candidate Name

Category/
Type

Transaction ID : SB30B.I17873

Amount of Each Disbursement this Period

132.26

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) ▼

Full Name (Last, First, Middle Initial)

C. DEAN CARE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address P.O. BOX 673111

City	State	Zip Code
CHICAGO	IL	60695

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Category/
Type

Transaction ID : SB30B.I17874

Amount of Each Disbursement this Period

2326.78

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).....▶

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

2585.52

	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. DEAN CARE

Three digital displays are shown, each with a small icon above the number. The first display shows '04' with two small icons. The second display shows '23' with two small icons. The third display shows '2014' with four small icons.

Category/
Type

4768.18

State: District:

B. DELTA DENTAL

Category/
Type

275.17

State: District:

C.

Category/
Type

State: District:

5043.35

108375.23

SCHEDULE H1 (FEC Form 3X)**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Transaction ID : MEC051414A

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- ☒ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐