

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

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

FOR LINE NUMBER: PAGE 23 OF 66

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THOMSEN, THOMAS, H., ,**

Mailing Address 1515 TIERNEY DRIVE

City  
WAUNAKEE

State  
WI

Zip Code  
53597-2347

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2019

Transaction ID : SA11A.1072759

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TYRHOLM, MICHAEL, , ,**

Mailing Address 3510 COLLIER LANE

City  
KLAMATH FALLS

State  
OR

Zip Code  
97603-9643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
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  
07 / 29 / 2019

Transaction ID : SA11A.1072748

Amount of Each Receipt this Period

125.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VAN HANDEL, PAMELA, J., ,**

Mailing Address 1916 GRANT STREET

City  
LITTLE CHUTE

State  
WI

Zip Code  
54140-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FOX CITIES MACHINING

Occupation (for Individual)  
SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 11 / 2019

Transaction ID : SA11A.1071567

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

575.00