

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

Unintimidated PAC

ADDRESS (number and street) PO Box 15177

Check if different than previously reported. (ACC) Washington DC 20003

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00576108

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

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 Keith Gilkes

Signature of Treasurer Keith Gilkes [Electronically Filed] Date 01 / 29 / 2016

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Unintimidated PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19046857.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4069634.00"/>	<input type="text" value="24092039.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="23116491.89"/>	<input type="text" value="24092039.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23089208.50"/>	<input type="text" value="24064756.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27283.39"/>	<input type="text" value="27283.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Unintimidated PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3736600.00	23727593.76
(ii) Unitemized	1375.00	5287.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3737975.00	23732880.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	29500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3739975.00	23762380.76
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).....	329659.00	329659.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4069634.00	24092039.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4069634.00	24092039.76

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	2462227.30	3437775.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2462227.30	3437775.17
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)	2249021.20	2249021.20
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	18377960.00	18377960.00
(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)).....	18377960.00	18377960.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23089208.50	24064756.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23089208.50	24064756.37

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)	3739975.00	23762380.76
34. Total Contribution Refunds (from Line 28(d))	18377960.00	18377960.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-14637985.00	5384420.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2462227.30	3437775.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	329659.00	329659.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2132568.30	3108116.17

**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 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
Unintimidated PAC

A. ANNE DRAPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9905 WHITETAIL LANE
 City LITTLETON State CO Zip Code 80127-6104
 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 07 / 05 / 2015
Transaction ID : SA11.299
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. PATRICK ENGLISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 N 74TH AT.
 City WAUWATOSA State WI Zip Code 53213-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIDUCIARY MANAGEMENT Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.470
 Amount of Each Receipt this Period 20000.00
 CONTRIBUTION
 REFUNDED \$16,000.00 ON 11/03/2015

C. MR. CHARLES W. DENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8477 BAY COLONY DRIVE UNIT 202
 City NAPLES State FL Zip Code 34108-0741
 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 07 / 13 / 2015
Transaction ID : SA11.311
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	21500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. MR. WILLIAM D. SMITHBURG
 Full Name (Last, First, Middle Initial)
 Mailing Address 676 N. MICHIGAN AVENUE #3860

City CHICAGO	State IL	Zip Code 60611-2837
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2015
Transaction ID : SA11.312

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. HOWARD MCKISSACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1403 RIDGE WAY DR

City MANDEVILLE	State LA	Zip Code 70471-7463
--------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.341

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. GILBERT HINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25702 APACHE CREEK

City SAN ANTONIO	State TX	Zip Code 78260-7025
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FEC ID number of contributing federal political committee. **C**

Name of Employer MCCLELLAND AND HINE	Occupation INSURANCE BROKER
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA11.340

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. MARY SHANNON
Full Name (Last, First, Middle Initial)

Mailing Address 2323 N MAYFAIR ROAD STE 240
2323 N MAYFAIR ROAD STE 240

City MILWAUKEE State WI Zip Code 53226

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 ▼
25000.00

Date of Receipt: 07 / 28 / 2015
Transaction ID : **10000_B**

Amount of Each Receipt this Period: 125000.00

CONTRIBUTION

REFUNDED \$100,000 ON 11/2/2015

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

Mailing Address 2323 N MAYFAIR ROAD STE 240
2323 N MAYFAIR ROAD STE 240

City MILWAUKEE State WI Zip Code 53226

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

Name of Employer: **KSL CAPITAL PARTNERS** Occupation: **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt: 07 / 28 / 2015
Transaction ID : **10000**

Amount of Each Receipt this Period: 125000.00

CONTRIBUTION

REFUNDED \$100,000 ON 11/2/2015

C. MR. JAMES MOELLER
Full Name (Last, First, Middle Initial)

Mailing Address 1255 DARTMOUTH DR.

City WAUNAKEE State WI Zip Code 53597-

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

Name of Employer: **E-TRUX** Occupation: **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8920.00

Date of Receipt: 08 / 04 / 2015
Transaction ID : **SA11.473**

Amount of Each Receipt this Period: 44600.00

CONTRIBUTION

REFUNDED \$35,680.00 ON 11/03/2015

SUBTOTAL of Receipts This Page (optional).....	294600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. MS. ELIZABETH A. UIHLEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1396 N. WAUKEGAN ROAD
 City LAKE FOREST State IL Zip Code 60045-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ULINE Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.475
 Amount of Each Receipt this Period 1750000.00
 CONTRIBUTION
 REFUNDED \$1,400,000.00 ON 11/03/2015

B. MR. RICHARD E. UIHLEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1396 N. WAUKEGAN ROAD
 City LAKE FOREST State IL Zip Code 60045-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ULINE Occupation OWNER/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.379
 Amount of Each Receipt this Period 750000.00
 CONTRIBUTION
 REFUNDED \$600,000.00 ON 11/03/2015

C. MR. ARNOLD GUMOWITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 CHANNEL DRIVE
 City KINGS POINT State NY Zip Code 11024-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 14 / 2015
Transaction ID : SA11.476
 Amount of Each Receipt this Period 25000.00
 CONTRIBUTION
 REFUNDED \$20,000.00 ON 11/06/2015

SUBTOTAL of Receipts This Page (optional).....▶	2525000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GILBERT HINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25702 APACHE CREEK
 City SAN ANTONIO State TX Zip Code 78260-7025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCCLELLAND AND HINE Occupation INSURANCE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 08 / 17 / 2015
Transaction ID : SA11.329
 Amount of Each Receipt this Period 2500.00
 CONTRIBUTION

B. MR. DAN BLANKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 MEADOWBROOK DRIVE
 City DALLAS State TX Zip Code 75220-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HICKS MUZE Occupation INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.319
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. MR. JOHN A. CATSIMATIDIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 11TH AVENUE
 City NEW YORK State NY Zip Code 10019-3557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNITED REFINING COMPANY Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.477
 Amount of Each Receipt this Period 25000.00
 CONTRIBUTION
 REFUNDED \$20,000.00 ON 11/06/2015

SUBTOTAL of Receipts This Page (optional).....▶	32500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. MR. SEAN M. FIELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 HASLET AVENUE
 City PRINCETON State NJ Zip Code 08540-4914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EQUINOX PARTNERS, LP Occupation FINANCIAL ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.320
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

B. DAVID R. MEISTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 560 HARBOR COVE CIRCLE
 City LONGBOAT KEY State FL Zip Code 34228-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ISC INTERNATIONAL Occupation FOUNDER/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.318
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. ACCESS INDUSTRIES, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 5TH AVE 20TH FLOOR
 City NY State NY Zip Code 10019-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300000.00

Date of Receipt 08 / 18 / 2015
Transaction ID : SA11.479
 Amount of Each Receipt this Period 500000.00
 CONTRIBUTION
 REFUNDED \$400,000.00 ON 11/05/2015

SUBTOTAL of Receipts This Page (optional).....▶	515000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. COPART GENERAL DISBURSEMENT		Date of Receipt
Mailing Address 14185 DALLAS PARKWAY STE. 400		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City State Zip Code DALLAS TX 75254-1321		Transaction ID : SA11.478
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REFUNDED \$120,000.00 ON 11/04/2015
Aggregate Year-to-Date ▼ <input type="text" value="30000.00"/>		

Full Name (Last, First, Middle Initial) B. MR. ROBERT D. KERN		Date of Receipt
Mailing Address W305 S4273 BROOKHILL ROAD		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City State Zip Code WAUKESHA WI 53189-9126		Transaction ID : SA11.480
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50000.00"/>
Name of Employer Occupation RETIRED RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REFUNDED \$40,000.00 ON 11/10/2015
Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>		

Full Name (Last, First, Middle Initial) C. MR. AUGUST A. BUSCH III		Date of Receipt
Mailing Address ONE MID RIVERS MALL DR. STE 210		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City State Zip Code ST. PETERS MO 63376-4322		Transaction ID : SA11.353
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer Occupation RETIRED RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="210000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. MR. DAVID L. CAVICKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 S. MICHIGAN APT 2302
 City CHICAGO State IL Zip Code 60604-4232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOLVERINE Occupation LAWYER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11.355
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION

B. UNITED REFINING COMPANY
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 11TH AVENUE
 City NEW YORK State NY Zip Code 10019-3557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **09 / 10 / 2015**
Transaction ID : SA11.481
 Amount of Each Receipt this Period **25000.00**
 CONTRIBUTION
 REFUNDED \$20,000.00 ON 11/06/2015

C. PAY IT FORWARD ENTERPRISES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8275 N. ALLEN LN
 City FOX POINT State WI Zip Code 53217-2835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : SA11.357
 Amount of Each Receipt this Period **10000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	45000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 262
	<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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)
A. WISCONSIN WINE AND SPIRIT INSTITUTE

Mailing Address 22 N. CARROLL ST., STE 200

City MADISON	State WI	Zip Code 53703-2797
-----------------	-------------	------------------------

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11.482

Amount of Each Receipt this Period
75000.00

CONTRIBUTION

REFUNDED \$60,000.00 ON 11/03/2015

Full Name (Last, First, Middle Initial)
B. MR. JOHN L. LOEB JR.

Mailing Address 50 BROAD ST STE 1137

City NEW YORK	State NY	Zip Code 10004-2378
------------------	-------------	------------------------

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 ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11.359

Amount of Each Receipt this Period
10000.00

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 Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	85000.00
TOTAL This Period (last page this line number only).....▶	3736600.00

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

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

FOR LINE NUMBER: PAGE 15 OF 262
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. RESTORATION PAC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 4808

City OAK BROOK	State IL	Zip Code 60522-4808
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00571588

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 Y
08 / 31 / 2015
Transaction ID : SA11.354

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 262
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. SRCP MEDIA, INC.
Full Name (Last, First, Middle Initial)
Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177
City ALEXANDRIA State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
329659.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2015
Transaction ID : SA15.934
Amount of Each Receipt this Period
329659.00
REFUND-MEDIA

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	329659.00
TOTAL This Period (last page this line number only).....▶	329659.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ROBERT H. NELSON

Mailing Address 1829 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL/SHIPPING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I537

Amount of Each Disbursement this Period

14510.00

Full Name (Last, First, Middle Initial)

B. BKZ CONSULTING INC.

Mailing Address P.O. BOX 577832

City CHICAGO State IL Zip Code 60657

Purpose of Disbursement
FUNDRAISING EVENT CATERING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I302

Amount of Each Disbursement this Period

2967.46

Full Name (Last, First, Middle Initial)

C. BKZ CONSULTING INC.

Mailing Address P.O. BOX 577832

City CHICAGO State IL Zip Code 60657

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I303

Amount of Each Disbursement this Period

13000.00

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

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

30477.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I502

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I503

Amount of Each Disbursement this Period

262.50

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB DEVELOPMENT/WEBSITE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I504

Amount of Each Disbursement this Period

20175.00

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

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

22937.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I505

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I547

Amount of Each Disbursement this Period

2328.43

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
MEMBERSHIP FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I555

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

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

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

52328.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
MEMBERSHIP FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I556

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CHIPOTLE

Mailing Address 4628 E WASHINGTON AVE.

City MADISON State WI Zip Code 53704

Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I557

Amount of Each Disbursement this Period

749.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COURTYARD MARRIOTT NEW YORK

Mailing Address 114 W. 40TH ST.

City NEW YORK State NY Zip Code 10018

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.I559

Amount of Each Disbursement this Period

633.47

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 4538 VERONA ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.I560**

Amount of Each Disbursement this Period

780.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ROBERT H. NELSON

Mailing Address 1829 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL/CATERING/SHIPPING REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : **SB21B.I935**

Amount of Each Disbursement this Period

1888.24

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 433 AMON CARTER BLVD., MD 5675

City FT. WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : **SB21B.I946**

Amount of Each Disbursement this Period

1198.40

[MEMO ITEM]

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

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

1888.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. FEDEX OFFICE INC.

Mailing Address 654 W. WASHINGTON AVE.

City MADISON State WI Zip Code 53703

Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I943

Amount of Each Disbursement this Period

93.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ROBERT H. NELSON

Mailing Address 1829 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL-MILEAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.I941

Amount of Each Disbursement this Period

233.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MARK BEDNAR

Mailing Address 155 KENTUCKY AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2015

Transaction ID : SB21B.I538

Amount of Each Disbursement this Period

954.39

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

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

954.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address 26 K ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
MOVING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I539

Amount of Each Disbursement this Period

746.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I281

Amount of Each Disbursement this Period

14.60

Full Name (Last, First, Middle Initial)

C. BURCHFIELD ENTERPRISES

Mailing Address 816 18TH ST. SOUTH

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I307

Amount of Each Disbursement this Period

13500.00

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

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

13514.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. DAYSPRING STRATEGIES LLC

Mailing Address 4063 SOUTH FOUR MILE DR. #403

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I426

Amount of Each Disbursement this Period: 18484.00

Category/Type

Full Name (Last, First, Middle Initial)

B. DONER FUNUDRAISING, INC.

Mailing Address 815 BRAZOS, SUITE 701

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I432

Amount of Each Disbursement this Period: 60971.01

Category/Type

Full Name (Last, First, Middle Initial)

C. DRUCKER LAWHON, LLP

Mailing Address 317 15TH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I437

Amount of Each Disbursement this Period: 25000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 104455.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. EXORO STRATEGIES LLC

Mailing Address 2266 N. PROSPECT AVE, SUITE 410
SUITE 410

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I442

Amount of Each Disbursement this Period

18935.37

Full Name (Last, First, Middle Initial)

B. OLD DOMINION RESEARCH GROUP LLC

Mailing Address P.O. BOX 151444

City ALEXANDRIA State VA Zip Code 22315

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I471

Amount of Each Disbursement this Period

17727.30

Full Name (Last, First, Middle Initial)

C. PACHYDERM ADVANCE TECHNICAL SERVICES

Mailing Address 727 LORILLARD CT, APT 406

City MADISON State WI Zip Code 53703

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I476

Amount of Each Disbursement this Period

10000.00

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

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

46662.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. PRAIRIE COMPLIANCE

Mailing Address 100 I ST SE, STE 1209

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING/SHIPPING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I480

Amount of Each Disbursement this Period

8655.96

Full Name (Last, First, Middle Initial)

B. PROSPECT STRATEGIC COMMUNICATIONS LLC

Mailing Address 2001 CLARENDON BLVD. #121

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.I487

Amount of Each Disbursement this Period

6111.63

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I413

Amount of Each Disbursement this Period

3298.94

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

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

18066.53

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

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	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	5

Transaction ID : SB21B.I511

Amount of Each Disbursement this Period

4	.	1	0
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Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Transaction ID : SB21B.I313

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

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	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Transaction ID : SB21B.I512

Amount of Each Disbursement this Period

0	.	4	1
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	4	.	5	1
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3	4	.	5	1
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ADESYS CONSULTING LLC

Mailing Address 2965 CAHILL MAIN

City FITCHBURG State WI Zip Code 53711

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : **SB21B.I279**

Amount of Each Disbursement this Period

3143.64

Full Name (Last, First, Middle Initial)

B. AMERICAN VIEWPOINT INC.

Mailing Address 1199 NORTH FAIRFAX STREET
SUITE 808

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : **SB21B.I282**

Amount of Each Disbursement this Period

1457.51

Full Name (Last, First, Middle Initial)

C. BE CONNECTED STRATEGIES

Mailing Address 7313 N KATIE DR.

City FREDERICKSBURG State VA Zip Code 22407

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : **SB21B.I296**

Amount of Each Disbursement this Period

7913.40

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

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

12514.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. DONER FUNUDRAISING, INC.

Mailing Address 815 BRAZOS, SUITE 701

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.I433

Amount of Each Disbursement this Period

143942.91

Full Name (Last, First, Middle Initial)

B. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
RESEARCH SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.I456

Amount of Each Disbursement this Period

185.00

Full Name (Last, First, Middle Initial)

C. MACADAMIA STRATEGIES LLC

Mailing Address 718 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.I458

Amount of Each Disbursement this Period

15697.63

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

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

159825.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MARY STITT & ASSOCIATES

Mailing Address 1478 NORIDGE TRAIL

City PORT WASHINGTON State WI Zip Code 53074

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.I465

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
GRAPHIC & FOOTAGE/RENT/PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.I490

Amount of Each Disbursement this Period

23837.39

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.I513

Amount of Each Disbursement this Period

3.08

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

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

43840.47

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. STEPHAN THOMPSON

Mailing Address PO BOX 15177

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I949_B_B

Amount of Each Disbursement this Period

4269.88

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
P.O. BOX RENTAL FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I414

Amount of Each Disbursement this Period

635.00

Full Name (Last, First, Middle Initial)

C. US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.I534

Amount of Each Disbursement this Period

1122.40

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

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

6027.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. WISCONSIN DEPT OF REVENUE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	5		2	0	1	5		

Mailing Address P.O. BOX 8906

Transaction ID : SB21B.I536

City MADISON State WI Zip Code 53708

Amount of Each Disbursement this Period

1	3	3	5	.	8	4
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Purpose of Disbursement
PAYROLL TAXES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	7		2	0	1	5		

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

Transaction ID : SB21B.I514

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

9	.	2	3
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Purpose of Disbursement
CREDIT CARD PROCESSING FEE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	7		2	0	1	5		

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

Transaction ID : SB21B.I515

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

2	1	.	3	2
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Purpose of Disbursement
CREDIT CARD PROCESSING FEE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1	3	6	.	3	9
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TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2015

Transaction ID : SB21B.I516

Amount of Each Disbursement this Period

820.00

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2015

Transaction ID : SB21B.I517

Amount of Each Disbursement this Period

6.16

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.I518

Amount of Each Disbursement this Period

4.10

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

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

830.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : SB21B.I519

Amount of Each Disbursement this Period

124.03

Full Name (Last, First, Middle Initial)

B. THIRD STONE STRATEGIES LLC

Mailing Address 733 1/2 JENNIFER STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : SB21B.I528

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. ASHBY LAW PLLC

Mailing Address 717 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
LEGAL CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : SB21B.I286

Amount of Each Disbursement this Period

15141.35

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

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

22765.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. HIGHWOOD CAPITAL, LLC

Mailing Address 915 E STREET, NW
#613

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB21B.I449

Amount of Each Disbursement this Period

181949.60

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : SB21B.I314

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2015

Transaction ID : SB21B.I520

Amount of Each Disbursement this Period

2.05

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

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

181966.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BATTLEGROUND STRATEGIES INC.

Mailing Address 1275 NIAGRA ROAD

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SB21B.I291

Amount of Each Disbursement this Period

14000.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SB21B.I315

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
VIDEO PRODUCTION-NOT AN IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : SB21B.I491

Amount of Each Disbursement this Period

55745.00

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

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

69760.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SB21B.I521

Amount of Each Disbursement this Period

4.10

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : SB21B.I548

Amount of Each Disbursement this Period

9263.88

Full Name (Last, First, Middle Initial)

C. BROOK FURNITURE RENTAL

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
OFFICE EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : SB21B.I572

Amount of Each Disbursement this Period

2650.49

[MEMO ITEM]

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

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

9267.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2015

Transaction ID : SB21B.I574

Amount of Each Disbursement this Period

97.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX OFFICE INC.

Mailing Address 654 W. WASHINGTON AVE.

City State Zip Code
MADISON WI 53703

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SB21B.I562

Amount of Each Disbursement this Period

8.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX OFFICE INC.

Mailing Address 654 W. WASHINGTON AVE.

City State Zip Code
MADISON WI 53703

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2015

Transaction ID : SB21B.I573

Amount of Each Disbursement this Period

434.72

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ISPIONAGE, INC

Mailing Address 2953 BUNKER HILL LANE
SUITE 400

City SANTA CLARA State CA Zip Code 95054

Purpose of Disbursement
RESEARCH SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.I570

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
RESEARCH SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.I564

Amount of Each Disbursement this Period

185.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NUVI, LLC

Mailing Address 275 W 200 N SUITE # 310

City LINDON State UT Zip Code 84042

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.I563

Amount of Each Disbursement this Period

1064.58

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. NUVI, LLC

Mailing Address 275 W 200 N SUITE # 310

City LINDON State UT Zip Code 84042

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : **SB21B.I565**

Amount of Each Disbursement this Period

516.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 4538 VERONA ROAD

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : **SB21B.I571**

Amount of Each Disbursement this Period

125.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TVEYES, INC.

Mailing Address 1150 POST RD.

City FAIRFIELD State CT Zip Code 06824

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : **SB21B.I567**

Amount of Each Disbursement this Period

3600.00

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. UBERCONFERENCE

Mailing Address 275 SACRAMENTO ST., 4TH FLOOR

City State Zip Code
SAN FRANCISCO CA 94111

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB21B.I568**

Amount of Each Disbursement this Period

81.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
RENT/PARKING/INTERNET/PHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : **SB21B.I492**

Amount of Each Disbursement this Period

807.30

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : **SB21B.I522**

Amount of Each Disbursement this Period

11.28

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

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

818.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2015

Transaction ID : SB21B.I523

Amount of Each Disbursement this Period

1.65

Full Name (Last, First, Middle Initial)

B. BE CONNECTED STRATEGIES

Mailing Address 7313 N KATIE DR.

City FREDERICKSBURG State VA Zip Code 22407

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2015

Transaction ID : SB21B.I297

Amount of Each Disbursement this Period

8092.20

Full Name (Last, First, Middle Initial)

C. BURCHFIELD ENTERPRISES

Mailing Address 816 18TH ST. SOUTH

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2015

Transaction ID : SB21B.I308

Amount of Each Disbursement this Period

13500.00

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

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

21593.85

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAMPION GROUP LLC

Mailing Address P.O. BOX 1651

City MADISON State WI Zip Code 53701

Purpose of Disbursement
MANAGEMENT CONSULTING/WEB SERVICES/OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB21B.I408

Amount of Each Disbursement this Period

32072.75

Full Name (Last, First, Middle Initial)

B. CRYSTAL ROWLAND & ASSOCIATES

Mailing Address 302 WASHINGTON ST, STE 555

City SAN DIEGO State CA Zip Code 92103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB21B.I425

Amount of Each Disbursement this Period

1220.47

Full Name (Last, First, Middle Initial)

C. DAYSPRING STRATEGIES LLC

Mailing Address 4063 SOUTH FOUR MILE DR. #403

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB21B.I427

Amount of Each Disbursement this Period

18225.00

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

51518.22

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. EXECUTIVE PRESS

Mailing Address 10412 MAIN ST

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB21B.I441

Amount of Each Disbursement this Period

1885.30

Full Name (Last, First, Middle Initial)

B. EXORO STRATEGIES LLC

Mailing Address 2266 N. PROSPECT AVE, SUITE 410
SUITE 410

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB21B.I443

Amount of Each Disbursement this Period

11108.79

Full Name (Last, First, Middle Initial)

C. THIRD STONE STRATEGIES LLC

Mailing Address 733 1/2 JENNIFER STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB21B.I529

Amount of Each Disbursement this Period

7500.00

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

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

20494.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.I506

Amount of Each Disbursement this Period

350.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2015

Transaction ID : SB21B.I415

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I416

Amount of Each Disbursement this Period

2500.00

Category/
Type

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

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

3850.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I417

Amount of Each Disbursement this Period

145.50

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I524

Amount of Each Disbursement this Period

0.41

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.I316

Amount of Each Disbursement this Period

15.00

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

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

160.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN VIEWPOINT INC.

Mailing Address 1199 NORTH FAIRFAX STREET
SUITE 808

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RESEARCH SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2015

Transaction ID : SB21B.I283

Amount of Each Disbursement this Period

17800.00

Full Name (Last, First, Middle Initial)

B. ASHBY LAW PLLC

Mailing Address 717 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
LEGAL CONSULTING/TRAVEL/DELIVERY SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2015

Transaction ID : SB21B.I287

Amount of Each Disbursement this Period

15804.33

Full Name (Last, First, Middle Initial)

C. CHALK FARM RESEARCH LLC

Mailing Address 201 N. UNION STREET, SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2015

Transaction ID : SB21B.I402

Amount of Each Disbursement this Period

10000.00

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

43604.33

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. DONER FUNUDRAISING, INC.

Mailing Address 815 BRAZOS, SUITE 701

City State Zip Code
AUSTIN TX 78701

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I434

Amount of Each Disbursement this Period

21032.46

Category/
Type

Full Name (Last, First, Middle Initial)

B. EXORO STRATEGIES LLC

Mailing Address 2266 N. PROSPECT AVE, SUITE 410
SUITE 410

City State Zip Code
MILWAUKEE WI 53202

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I444

Amount of Each Disbursement this Period

9460.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. HIGHWOOD CAPITAL, LLC

Mailing Address 915 E STREET, NW
#613

City State Zip Code
WASHINGTON DC 20004

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I450

Amount of Each Disbursement this Period

20000.00

Category/
Type

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

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

50492.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MACADAMIA STRATEGIES LLC

Mailing Address 718 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.I459

Amount of Each Disbursement this Period

15257.70

Category/Type

Full Name (Last, First, Middle Initial)

B. OLD DOMINION RESEARCH GROUP LLC

Mailing Address P.O. BOX 151444

City ALEXANDRIA State VA Zip Code 22315

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.I472

Amount of Each Disbursement this Period

5414.20

Category/Type

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.I317

Amount of Each Disbursement this Period

15.00

Category/Type

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

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

20686.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHALK FARM RESEARCH LLC

Mailing Address 201 N. UNION STREET, SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ISSUE RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2015

Transaction ID : **SB21B.I403**

Amount of Each Disbursement this Period

41761.00

Full Name (Last, First, Middle Initial)

B. CHALK FARM RESEARCH LLC

Mailing Address 201 N. UNION STREET, SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I404**

Amount of Each Disbursement this Period

733.79

Full Name (Last, First, Middle Initial)

C. BATTLEGROUND STRATEGIES INC.

Mailing Address 1275 NIAGRA ROAD

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : **SB21B.I292**

Amount of Each Disbursement this Period

14000.00

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

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

56494.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
08		26		2015

Transaction ID : SB21B.I318

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. ADESYS CONSULTING LLC

Mailing Address 2965 CAHILL MAIN

City FITCHBURG State WI Zip Code 53711

Purpose of Disbursement
COMMUNICATIONS/IT CONSULTING

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
08		28		2015

Transaction ID : SB21B.I280

Amount of Each Disbursement this Period

725.31

Full Name (Last, First, Middle Initial)

C. BURCHFIELD ENTERPRISES

Mailing Address 816 18TH ST. SOUTH

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

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
08		28		2015

Transaction ID : SB21B.I309

Amount of Each Disbursement this Period

13500.00

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

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

14240.31

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I319

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. CHAMPION GROUP LLC

Mailing Address P.O. BOX 1651

City State Zip Code
MADISON WI 53701

Purpose of Disbursement
MANAGEMENT CONSULTING/EVENT CATERING & SUPPLIES/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I409

Amount of Each Disbursement this Period

38029.52

Full Name (Last, First, Middle Initial)

C. DAYSPRING STRATEGIES LLC

Mailing Address 4063 SOUTH FOUR MILE DR. #403

City State Zip Code
ARLINGTON VA 22204

Purpose of Disbursement
COMMUNICATIONS CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I428

Amount of Each Disbursement this Period

17617.00

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

55661.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MARY STITT & ASSOCIATES

Mailing Address 1478 NORIDGE TRAIL

City State Zip Code
PORT WASHINGTON WI 53074

Purpose of Disbursement
FUNDRAISING CONSULTING/ EVENT CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I466

Amount of Each Disbursement this Period

21255.36

Full Name (Last, First, Middle Initial)

B. POLITICODE

Mailing Address 8606 ALLISONVILLE ROAD, STE 260

City State Zip Code
INDIANAPOLIS IN 46250

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I478

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. PRAIRIE COMPLIANCE

Mailing Address 100 I ST SE, STE 1209

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
COMPLIANCE CONSULTING/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I481

Amount of Each Disbursement this Period

8538.36

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

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

49793.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. THIRD STONE STRATEGIES LLC

Mailing Address 733 1/2 JENNIFER STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I530

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. UNIVERSITY CLUB OF MILWAUKEE

Mailing Address 924 EAST WELLS STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
FUNDRAISING CATERING & VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.I533

Amount of Each Disbursement this Period

348.15

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2015

Transaction ID : SB21B.I549

Amount of Each Disbursement this Period

4209.27

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

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

12057.42

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
MEMBERSHIP FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : SB21B.I576

Amount of Each Disbursement this Period

90.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
MEMBERSHIP FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : SB21B.I577

Amount of Each Disbursement this Period

90.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : SB21B.I584

Amount of Each Disbursement this Period

141.90

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I587

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2015

Transaction ID : SB21B.I592

Amount of Each Disbursement this Period

6.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DROPBOX INC

Mailing Address 185 BERRY STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : SB21B.I580

Amount of Each Disbursement this Period

75.00

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. DRURY INN & SUITES DES MOINES

Mailing Address 5505 MILLS CIVIC PKWY.

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I589**

Amount of Each Disbursement this Period

195.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DRURY INN & SUITES DES MOINES

Mailing Address 5505 MILLS CIVIC PKWY.

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB21B.I590**

Amount of Each Disbursement this Period

195.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HYATT PLACE MADISON

Mailing Address 333 W. WASHINGTON AVE.

City MADISON State WI Zip Code 53703

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : **SB21B.I583**

Amount of Each Disbursement this Period

10.55

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ISPIONAGE, INC

Mailing Address 2953 BUNKER HILL LANE
SUITE 400

City SANTA CLARA State CA Zip Code 95054

Purpose of Disbursement
RESEARCH SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.I588

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NUVI, LLC

Mailing Address 275 W 200 N SUITE # 310

City LINDON State UT Zip Code 84042

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2015

Transaction ID : SB21B.I579

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PRICELINE

Mailing Address 800 CONNECTICUT AVENUE

City NORWALK State CT Zip Code 06854

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.I581

Amount of Each Disbursement this Period

181.09

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 4538 VERONA ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	5		

Transaction ID : SB21B.I582

Amount of Each Disbursement this Period

7	1	.	1	6
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBERCONFERENCE

Mailing Address 275 SACRAMENTO ST., 4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94111

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	1	5		

Transaction ID : SB21B.I585

Amount of Each Disbursement this Period

6	6	.	2	1
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : SB21B.I320

Amount of Each Disbursement this Period

1	5	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	5	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.I321

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. EXORO STRATEGIES LLC

Mailing Address 2266 N. PROSPECT AVE, SUITE 410
SUITE 410

City State Zip Code
MILWAUKEE WI 53202

Purpose of Disbursement
ONLINE ADVERTISING-NOT AN IE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.I445

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CHALK FARM RESEARCH LLC

Mailing Address 201 N. UNION STREET, SUITE 200

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.I405

Amount of Each Disbursement this Period

10000.00

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

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

12515.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHALK FARM RESEARCH LLC

Mailing Address 201 N. UNION STREET, SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SB21B.I406

Amount of Each Disbursement this Period

10882.12

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RENT/PARKING/INTERNET/PHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2015

Transaction ID : SB21B.I493

Amount of Each Disbursement this Period

752.40

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SB21B.I418

Amount of Each Disbursement this Period

3645.50

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

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

15280.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOCUS GROUP AD PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SB21B.I494

Amount of Each Disbursement this Period

23284.00

Full Name (Last, First, Middle Initial)

B. ASHBY LAW PLLC

Mailing Address 717 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
LEGAL CONSULTING/TRAVEL/ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I288

Amount of Each Disbursement this Period

15258.62

Full Name (Last, First, Middle Initial)

C. BE CONNECTED STRATEGIES

Mailing Address 7313 N KATIE DR.

City FREDERICKSBURG State VA Zip Code 22407

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I298

Amount of Each Disbursement this Period

9070.78

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

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

47613.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BRIDGETREE

Mailing Address P.O. BOX 601289

City CHARLOTTE State NC Zip Code 28260

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I304

Amount of Each Disbursement this Period

21650.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I322

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I323

Amount of Each Disbursement this Period

15.00

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

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

21680.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. EXORO STRATEGIES LLC

Mailing Address 2266 N. PROSPECT AVE, SUITE 410
SUITE 410

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
COMMUNICATIONS CONSULTING/WEB SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I446

Amount of Each Disbursement this Period

9925.00

Full Name (Last, First, Middle Initial)

B. MACADAMIA STRATEGIES LLC

Mailing Address 718 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I460

Amount of Each Disbursement this Period

15348.92

Full Name (Last, First, Middle Initial)

C. PRAIRIE COMPLIANCE

Mailing Address 100 I ST SE, STE 1209

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.I482

Amount of Each Disbursement this Period

8557.34

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

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

33831.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.I324

Amount of Each Disbursement this Period

15.00

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.I325

Amount of Each Disbursement this Period

15.00

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I326

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I525

Amount of Each Disbursement this Period

4.10

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.I327

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.I328

Amount of Each Disbursement this Period

15.00

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

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

34.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.I329

Amount of Each Disbursement this Period

15.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.I330

Amount of Each Disbursement this Period

15.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

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

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.I526

Amount of Each Disbursement this Period

1.03

Category/
Type

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

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

31.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **SB21B.I331**

Amount of Each Disbursement this Period

15.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CHAMPION GROUP LLC

Mailing Address P.O. BOX 1651

City State Zip Code
MADISON WI 53701

Purpose of Disbursement
MANAGEMENT CONSULTING/OFFICE SUPPLIES/ONLINE SERVICES/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **SB21B.I410**

Amount of Each Disbursement this Period

43665.14

Category/
Type

Full Name (Last, First, Middle Initial)

C. DONER FUNUDRAISING, INC.

Mailing Address 815 BRAZOS, SUITE 701

City State Zip Code
AUSTIN TX 78701

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **SB21B.I435**

Amount of Each Disbursement this Period

20918.16

Category/
Type

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

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

64598.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. HIGHWOOD CAPITAL, LLC

Mailing Address 915 E STREET, NW
#613

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I451

Amount of Each Disbursement this Period

25169.43

Full Name (Last, First, Middle Initial)

B. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
RESEARCH SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I457

Amount of Each Disbursement this Period

185.00

Full Name (Last, First, Middle Initial)

C. OLD DOMINION RESEARCH GROUP LLC

Mailing Address P.O. BOX 151444

City ALEXANDRIA State VA Zip Code 22315

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I473

Amount of Each Disbursement this Period

5000.00

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

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

30354.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. POLITICODE

Mailing Address 8606 ALLISONVILLE ROAD, STE 260

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **SB21B.I479**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
AD MONITORING/VIDEO PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **SB21B.I496**

Amount of Each Disbursement this Period

27549.00

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **SB21B.I507**

Amount of Each Disbursement this Period

50000.00

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

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

87549.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BATTLEGROUND STRATEGIES INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Mailing Address 1275 NIAGRA ROAD

Transaction ID : SB21B.I293

City OCONOMOWOC State WI Zip Code 53066

Amount of Each Disbursement this Period

14000.00

Purpose of Disbursement
MANAGEMENT CONSULTING

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Mailing Address 1445-A LAUGHLIN AVE

Transaction ID : SB21B.I332

City MCLEAN State VA Zip Code 22101

Amount of Each Disbursement this Period

15.00

Purpose of Disbursement
BANK FEE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. AMERICAN VIEWPOINT INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Mailing Address 1199 NORTH FAIRFAX STREET
SUITE 808

Transaction ID : SB21B.I284

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

1986.60

Purpose of Disbursement
RESEARCH SERVICES/TRAVEL

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

16001.60

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BE CONNECTED STRATEGIES

Mailing Address 7313 N KATIE DR.

City State Zip Code
FREDERICKSBURG VA 22407

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I299

Amount of Each Disbursement this Period

7796.20

Full Name (Last, First, Middle Initial)

B. BRIDGETREE

Mailing Address P.O. BOX 601289

City State Zip Code
CHARLOTTE NC 28260

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I305

Amount of Each Disbursement this Period

15155.00

Full Name (Last, First, Middle Initial)

C. BURCHFIELD ENTERPRISES

Mailing Address 816 18TH ST. SOUTH

City State Zip Code
ARLINGTON VA 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I310

Amount of Each Disbursement this Period

13500.00

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

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

36451.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHALK FARM RESEARCH LLC

Mailing Address 201 N. UNION STREET, SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I407

Amount of Each Disbursement this Period

4528.74

Full Name (Last, First, Middle Initial)

B. EPIC FOTOS

Mailing Address 171 NORTH 67TH STREET

City MILWAUKEE State WI Zip Code 53213

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I440

Amount of Each Disbursement this Period

495.00

Full Name (Last, First, Middle Initial)

C. MARY STITT & ASSOCIATES

Mailing Address 1478 NORIDGE TRAIL

City PORT WASHINGTON State WI Zip Code 53074

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I467

Amount of Each Disbursement this Period

20000.00

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

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

25023.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. POLITICAL CAPITAL

Mailing Address 2668 SCOTT MILL LANE

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I477**

Amount of Each Disbursement this Period

1090.07

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
VIDEO PRODUCTION- NOT AN IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I497**

Amount of Each Disbursement this Period

26347.00

Full Name (Last, First, Middle Initial)

C. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA PRODUCTION-NOT AN IE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **SB21B.I498**

Amount of Each Disbursement this Period

1984.00

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

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

29421.07

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
VIDEO PRODUCTION- NOT AN IE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2015

Transaction ID : **SB21B.I499**

Amount of Each Disbursement this Period

34779.00

Full Name (Last, First, Middle Initial)

B. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2015

Transaction ID : **SB21B.I500**

Amount of Each Disbursement this Period

12628.00

Full Name (Last, First, Middle Initial)

C. SRCP MEDIA, INC.

Mailing Address 201 N. UNION ST., SUITE 200
P.O. BOX 15177

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RESEARCH SERVICE/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2015

Transaction ID : **SB21B.I501**

Amount of Each Disbursement this Period

25025.99

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

72432.99

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I950

Amount of Each Disbursement this Period

80.17

Full Name (Last, First, Middle Initial)

B. THIRD STONE STRATEGIES LLC

Mailing Address 733 1/2 JENNIFER STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I531

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.I550

Amount of Each Disbursement this Period

7523.17

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

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

15103.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BROOK FURNITURE RENTAL

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
OFFICE EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2015

Transaction ID : SB21B.I600

Amount of Each Disbursement this Period

1280.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2015

Transaction ID : SB21B.I593

Amount of Each Disbursement this Period

6.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2015

Transaction ID : SB21B.I595

Amount of Each Disbursement this Period

7.45

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2015

Transaction ID : SB21B.I596

Amount of Each Disbursement this Period

5.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2015

Transaction ID : SB21B.I597

Amount of Each Disbursement this Period

7.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2015

Transaction ID : SB21B.I601

Amount of Each Disbursement this Period

7.51

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. CAMPAIGN MONITOR		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 217 2ND STREET		Transaction ID : SB21B.I604
City SAN FRANCISCO	State CA	
Purpose of Disbursement EMAIL MARKETING	Candidate Name	Amount of Each Disbursement this Period 141.90
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. CAMPAIGN MONITOR		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 217 2ND STREET		Transaction ID : SB21B.I606
City SAN FRANCISCO	State CA	
Purpose of Disbursement EMAIL MARKETING	Candidate Name	Amount of Each Disbursement this Period 7.73
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. CAMPAIGN MONITOR		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 217 2ND STREET		Transaction ID : SB21B.I608
City SAN FRANCISCO	State CA	
Purpose of Disbursement EMAIL MARKETING	Candidate Name	Amount of Each Disbursement this Period 7.36
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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. DROPBOX INC

Mailing Address 185 BERRY STREET

City State Zip Code
SAN FRANCISCO CA 94107

Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2015

Transaction ID : SB21B.I598

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HYATT PLACE MADISON

Mailing Address 333 W. WASHINGTON AVE.

City State Zip Code
MADISON WI 53703

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.I611

Amount of Each Disbursement this Period

204.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ISPIONAGE, INC

Mailing Address 2953 BUNKER HILL LANE
SUITE 400

City State Zip Code
SANTA CLARA CA 95054

Purpose of Disbursement
RESEARCH SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.I609

Amount of Each Disbursement this Period

299.00

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SB21B.I603

Amount of Each Disbursement this Period

185.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NUVI, LLC

Mailing Address 275 W 200 N SUITE # 310

City LINDON State UT Zip Code 84042

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.I594

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBERCONFERENCE

Mailing Address 275 SACRAMENTO ST., 4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94111

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.I605

Amount of Each Disbursement this Period

66.21

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. WIPOLITICS.COM

Mailing Address 14 WEST MIFFLIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : **SB21B.I602**

Amount of Each Disbursement this Period

2440.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : **SB21B.I419**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : **SB21B.I420**

Amount of Each Disbursement this Period

2500.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. TARGETED VICTORY

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

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: 10 / 08 / 2015

Transaction ID : **SB21B.I527**

Amount of Each Disbursement this Period: 0.21

B. DAYSPRING STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4063 SOUTH FOUR MILE DR. #403

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement COMMUNICATIONS CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 09 / 2015

Transaction ID : **SB21B.I429**

Amount of Each Disbursement this Period: 18719.00

C. ENLIGHTEN SOLUTIONS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 4311 WEST ADAMS, SUITE 209

City TEMPLE State TX Zip Code 76504

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 09 / 2015

Transaction ID : **SB21B.I439**

Amount of Each Disbursement this Period: 17109.40

SUBTOTAL of Disbursements This Page (optional)..... ▶ 35828.61

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. EXORO STRATEGIES LLC

Mailing Address 2266 N. PROSPECT AVE, SUITE 410
SUITE 410

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.I447

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. HOWE CREATIVE GROUP LLC

Mailing Address 8528 DAVIS BLVD
SUITE 134-223

City NORTH RICHLAND HIL State TX Zip Code 76182

Purpose of Disbursement
WEB VIDEO PRODUCTION-NOT AN IE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.I454

Amount of Each Disbursement this Period

6500.00

Full Name (Last, First, Middle Initial)

C. MACADAMIA STRATEGIES LLC

Mailing Address 718 7TH STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.I461

Amount of Each Disbursement this Period

15983.47

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

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

32483.47

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. PRAIRIE COMPLIANCE

Mailing Address 100 I ST SE, STE 1209

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I483

Amount of Each Disbursement this Period

8523.90

Full Name (Last, First, Middle Initial)

B. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I502_B

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.I508

Amount of Each Disbursement this Period

850.00

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

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

14373.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX STREET
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.I509

Amount of Each Disbursement this Period

412.50

Full Name (Last, First, Middle Initial)

B. ASHBY LAW PLLC

Mailing Address 717 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
LEGAL CONSULTING/ONLINE SERVICES/DELIVERY SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2015

Transaction ID : SB21B.I289

Amount of Each Disbursement this Period

14684.27

Full Name (Last, First, Middle Initial)

C. CHAMPION GROUP LLC

Mailing Address P.O. BOX 1651

City MADISON State WI Zip Code 53701

Purpose of Disbursement
MANAGEMENT CONSULTING/WEB SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2015

Transaction ID : SB21B.I411

Amount of Each Disbursement this Period

30785.07

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

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

45881.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. HIGHWOOD CAPITAL, LLC

Mailing Address 915 E STREET, NW
#613

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : SB21B.I452

Amount of Each Disbursement this Period

20881.85

Full Name (Last, First, Middle Initial)

B. KWIK KOPY

Mailing Address P.O. BOX 718

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
EVENT INVITATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : SB21B.I455

Amount of Each Disbursement this Period

219.65

Full Name (Last, First, Middle Initial)

C. MARY STITT & ASSOCIATES

Mailing Address 1478 NORIDGE TRAIL

City PORT WASHINGTON State WI Zip Code 53074

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : SB21B.I468

Amount of Each Disbursement this Period

20000.00

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

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

41101.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. NONBOX

Mailing Address 5307 SOUTH 92ND STREET

City State Zip Code
HALES CORNERS WI 53130

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I470

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. OLD DOMINION RESEARCH GROUP LLC

Mailing Address P.O. BOX 151444

City State Zip Code
ALEXANDRIA VA 22315

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I474

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BATTLEGROUND STRATEGIES INC.

Mailing Address 1275 NIAGRA ROAD

City State Zip Code
OCONOMOWOC WI 53066

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I294

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I333

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. RMD CORBEN LLC

Mailing Address 6220 NESBITT RD.

City State Zip Code
MADISON WI 53719

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.I489

Amount of Each Disbursement this Period

128599.80

Full Name (Last, First, Middle Initial)

C. AMERICAN VIEWPOINT INC.

Mailing Address 1199 NORTH FAIRFAX STREET
SUITE 808

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
RESEARCH SERVICES/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : SB21B.I285

Amount of Each Disbursement this Period

39064.18

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

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

167683.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. DRUCKER LAWHON, LLP

Mailing Address 317 15TH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2015

Transaction ID : SB21B.I438

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I334

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.I335

Amount of Each Disbursement this Period

20.00

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

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

7540.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2015

Transaction ID : SB21B.I336

Amount of Each Disbursement this Period: 20.00

Category/Type

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2015

Transaction ID : SB21B.I337

Amount of Each Disbursement this Period: 20.00

Category/Type

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2015

Transaction ID : SB21B.I338

Amount of Each Disbursement this Period: 20.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I339

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I340

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I341

Amount of Each Disbursement this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

Transaction ID : SB21B.I342

Amount of Each Disbursement this Period

2	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

Transaction ID : SB21B.I343

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

Transaction ID : SB21B.I344

Amount of Each Disbursement this Period

2	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	0	.	0	0
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2	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I345

Amount of Each Disbursement this Period

20.00

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I346

Amount of Each Disbursement this Period

20.00

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.I347

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

Transaction ID : SB21B.I348

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

Transaction ID : SB21B.I349

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	5

Transaction ID : SB21B.I551

Amount of Each Disbursement this Period

4	7	4	7	.	1	5
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	7	4	7	.	1	5
---	---	---	---	---	---	---

4	7	4	7	.	1	5
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BROOK FURNITURE RENTAL

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
OFFICE EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2015

Transaction ID : SB21B.I616

Amount of Each Disbursement this Period

1280.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2015

Transaction ID : SB21B.I617

Amount of Each Disbursement this Period

141.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DROPBOX INC

Mailing Address 185 BERRY STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.I614

Amount of Each Disbursement this Period

75.00

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ISPIONAGE, INC

Mailing Address 2953 BUNKER HILL LANE
SUITE 400

City SANTA CLARA State CA Zip Code 95054

Purpose of Disbursement
RESEARCH SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

Transaction ID : SB21B.I619

Amount of Each Disbursement this Period

299.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NUVI, LLC

Mailing Address 275 W 200 N SUITE # 310

City LINDON State UT Zip Code 84042

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Transaction ID : SB21B.I613

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 4538 VERONA ROAD

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21B.I615

Amount of Each Disbursement this Period

241.95

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. UBERCONFERENCE

Mailing Address 275 SACRAMENTO ST., 4TH FLOOR

City State Zip Code
SAN FRANCISCO CA 94111

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2015

Transaction ID : **SB21B.I618**

Amount of Each Disbursement this Period

68.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BE CONNECTED STRATEGIES

Mailing Address 7313 N KATIE DR.

City State Zip Code
FREDERICKSBURG VA 22407

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I300**

Amount of Each Disbursement this Period

7764.20

Full Name (Last, First, Middle Initial)

C. BURCHFIELD ENTERPRISES

Mailing Address 816 18TH ST. SOUTH

City State Zip Code
ARLINGTON VA 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B.I311**

Amount of Each Disbursement this Period

13500.00

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

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

21264.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BURCHFIELD ENTERPRISES

Mailing Address 816 18TH ST. SOUTH

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I312

Amount of Each Disbursement this Period

20250.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I350

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I351

Amount of Each Disbursement this Period

20.00

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

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

20290.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I352

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I353

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I354

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I355

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I356

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I357

Amount of Each Disbursement this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I358

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I359

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I360

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I361

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I362

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I363

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I364

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I365

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I366

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I367

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I368

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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
11		04		2015

Transaction ID : SB21B.I369

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I370

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I371

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I372

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I373

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I374

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I375

Amount of Each Disbursement this Period

20.00

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

60.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I376

Amount of Each Disbursement this Period

20.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I377

Amount of Each Disbursement this Period

20.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I378

Amount of Each Disbursement this Period

20.00

Category/
Type

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I379

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. DAYSPRING STRATEGIES LLC

Mailing Address 4063 SOUTH FOUR MILE DR. #403

City State Zip Code
ARLINGTON VA 22204

Purpose of Disbursement
COMMUNICATIONS CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I430

Amount of Each Disbursement this Period

18748.08

Full Name (Last, First, Middle Initial)

C. DONER FUNUDRAISING, INC.

Mailing Address 815 BRAZOS, SUITE 701

City State Zip Code
AUSTIN TX 78701

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I436

Amount of Each Disbursement this Period

22315.32

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

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

41083.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. EXORO STRATEGIES LLC

Mailing Address 2266 N. PROSPECT AVE, SUITE 410
SUITE 410

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I448

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. THIRD STONE STRATEGIES LLC

Mailing Address 733 1/2 JENNIFER STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I532

Amount of Each Disbursement this Period

11250.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I380

Amount of Each Disbursement this Period

20.00

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

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

21270.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 1445-A LAUGHLIN AVE		Transaction ID : SB21B.I381
City MCLEAN	State VA	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 20.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 1445-A LAUGHLIN AVE		Transaction ID : SB21B.I382
City MCLEAN	State VA	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 20.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 1445-A LAUGHLIN AVE		Transaction ID : SB21B.I383
City MCLEAN	State VA	
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period 20.00
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	5

Transaction ID : SB21B.I384

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	5

Transaction ID : SB21B.I385

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

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	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	5

Transaction ID : SB21B.I386

Amount of Each Disbursement this Period

2	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	0	.	0	0
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2	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I387

Amount of Each Disbursement this Period

20.00

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I388

Amount of Each Disbursement this Period

20.00

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I389

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I390

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I391

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I392

Amount of Each Disbursement this Period

20.00

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : SB21B.I393

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHAMPION GROUP LLC

Mailing Address P.O. BOX 1651

City State Zip Code
MADISON WI 53701

Purpose of Disbursement
MANAGEMENT CONSULTING/WEB SERVICES/EVENT CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : SB21B.I412

Amount of Each Disbursement this Period

35429.18

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City State Zip Code
TYSONS CORNER VA 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : SB21B.I421

Amount of Each Disbursement this Period

1000.00

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

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

36449.18

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I394

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I395

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I396

Amount of Each Disbursement this Period

340.00

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

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

505.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I397

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. LAURA GRALTON

Mailing Address W330 N4298 GLEN PARC CR

City NASHOTAH State WI Zip Code 53058

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I545

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ASHBY LAW PLLC

Mailing Address 717 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
LEGAL CONSULTING/ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I290

Amount of Each Disbursement this Period

14650.00

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

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

19670.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BATTLEGROUND STRATEGIES INC.

Mailing Address 1275 NIAGRA ROAD

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement
MANAGEMENT CONSULTING

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
11			10			2015			

Transaction ID : SB21B.I295

Amount of Each Disbursement this Period

14000.00

Full Name (Last, First, Middle Initial)

B. BE CONNECTED STRATEGIES

Mailing Address 7313 N KATIE DR.

City FREDERICKSBURG State VA Zip Code 22407

Purpose of Disbursement
MEDIA CONSULTING

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
11			10			2015			

Transaction ID : SB21B.I301

Amount of Each Disbursement this Period

11250.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

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
11			10			2015			

Transaction ID : SB21B.I398

Amount of Each Disbursement this Period

140.00

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

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

25390.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. COYLE CONSULTING SERVICES LLC

Mailing Address 3494 SABAKA TRAIL

City VERONA State WI Zip Code 53593

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I424

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DAYSPRING STRATEGIES LLC

Mailing Address 4063 SOUTH FOUR MILE DR. #403

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I431

Amount of Each Disbursement this Period

26300.00

Full Name (Last, First, Middle Initial)

C. HIGHWOOD CAPITAL, LLC

Mailing Address 915 E STREET, NW #613

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I453

Amount of Each Disbursement this Period

31923.46

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

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

63223.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)
A. MACADAMIA STRATEGIES LLC

Mailing Address **718 7TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20001**

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 10 / 2015**

Transaction ID : SB21B.I462

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

Category/Type

Full Name (Last, First, Middle Initial)
B. MARY STITT & ASSOCIATES

Mailing Address **1478 NORIDGE TRAIL**

City **PORT WASHINGTON** State **WI** Zip Code **53074**

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 10 / 2015**

Transaction ID : SB21B.I469

Amount of Each Disbursement this Period: **30000.00**

Category/Type

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

Mailing Address **100 I ST SE, STE 1209**

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

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 10 / 2015**

Transaction ID : SB21B.I484

Amount of Each Disbursement this Period: **8500.00**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **43500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. PRAIRIE COMPLIANCE

Mailing Address 100 I ST SE, STE 1209

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING/SHIPPING

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
11			12			2015			

Transaction ID : SB21B.I485

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

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
11			16			2015			

Transaction ID : SB21B.I399

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

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
11			16			2015			

Transaction ID : SB21B.I400

Amount of Each Disbursement this Period

120.00

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

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

9160.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. BRIDGETREE

Mailing Address P.O. BOX 601289

City CHARLOTTE State NC Zip Code 28260

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : SB21B.I306

Amount of Each Disbursement this Period

21650.00

Full Name (Last, First, Middle Initial)

B. RED CURVE

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : SB21B.I488

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Transaction ID : SB21B.I401

Amount of Each Disbursement this Period

20.00

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

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

41670.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. THEODORE KWONG

Mailing Address 21 N BUTLER ST #205

City MADISON State WI Zip Code 53703

Purpose of Disbursement
VOID CHECK - PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I949

Amount of Each Disbursement this Period

-2544.58

Full Name (Last, First, Middle Initial)

B. STEPHAN THOMPSON

Mailing Address PO BOX 15177

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
VOID CHECK - PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I949_B

Amount of Each Disbursement this Period

-4269.88

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB21B.I552

Amount of Each Disbursement this Period

3200.90

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

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

-3613.56

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN MONITOR

Mailing Address 217 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I624

Amount of Each Disbursement this Period

141.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DROPBOX INC

Mailing Address 185 BERRY STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.I622

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ISPIONAGE, INC

Mailing Address 2953 BUNKER HILL LANE
SUITE 400

City SANTA CLARA State CA Zip Code 95054

Purpose of Disbursement
RESEARCH SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : SB21B.I625

Amount of Each Disbursement this Period

299.00

[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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2015

Transaction ID : SB21B.I623

Amount of Each Disbursement this Period

185.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NUVI, LLC

Mailing Address 275 W 200 N SUITE # 310

City LINDON State UT Zip Code 84042

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.I621

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2015

Transaction ID : SB21B.I422

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MADISON GAS & ELECTRIC

Mailing Address P.O. BOX 1231

City MADISON State WI Zip Code 53701

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB21B.I463

Amount of Each Disbursement this Period

1292.53

Full Name (Last, First, Middle Initial)

B. PRAIRIE COMPLIANCE

Mailing Address 100 I ST SE, STE 1209

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING/SHIPPING CREDIT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB21B.I486

Amount of Each Disbursement this Period

8317.12

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : SB21B.I553

Amount of Each Disbursement this Period

2500.00

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

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

12946.65

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. NUVI, LLC

Mailing Address 275 W 200 N SUITE # 310

City LINDON State UT Zip Code 84042

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : **SB21B.I626**

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MADISON MUNICIPAL SERVICES

Mailing Address 119 EAST OLIN AVENUE

City MADISON State WI Zip Code 53713

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : **SB21B.I464**

Amount of Each Disbursement this Period

226.47

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE/REPORTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : **SB21B.I423**

Amount of Each Disbursement this Period

1000.00

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

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

1226.47

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.I554

Amount of Each Disbursement this Period

1324.15

Full Name (Last, First, Middle Initial)

B. BROOK FURNITURE RENTAL

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
OFFICE EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SB21B.I627

Amount of Each Disbursement this Period

1324.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1324.15

2459470.94

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. KEN DAVIS

Mailing Address 327 OAK LANE

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I815

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. TED KELLNER

Mailing Address 100 E WISCONSIN AVE, STE 2200

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I816

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MICHAEL M. MORGAN

Mailing Address 1549 GREENWOOD AVE

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I817

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MARY SHANNON

Mailing Address 2323 N MAYFAIR ROAD STE 240

City MILWAUKEE State WI Zip Code 53226

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB28A.I819

Amount of Each Disbursement this Period

100000.00

B. MIKE SHANNON

Full Name (Last, First, Middle Initial)

Mailing Address 2323 N MAYFAIR ROAD STE 240

City MILWAUKEE State WI Zip Code 53226

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB28A.I818

Amount of Each Disbursement this Period

100000.00

C. PATRICK ENGLISH

Full Name (Last, First, Middle Initial)

Mailing Address 1825 N 74TH AT.

City WAUWATOSA State WI Zip Code 53213

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I820

Amount of Each Disbursement this Period

16000.00

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

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

216000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. THOMAS FITZGERALD

Mailing Address 1629 COLONIAL PARKWAY

City INVERNESS State IL Zip Code 60067

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I821

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. PHILIP FLYNN

Mailing Address 2607 LOST DAUPHIN ROAD

City DE PERE State WI Zip Code 54115

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I822

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

C. WILLIAM HAACK

Mailing Address 1245 OVERHILL RD

City ELM GROVE State WI Zip Code 53122

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I823

Amount of Each Disbursement this Period

40000.00

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

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

72000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. DIANE M. HENDRICKS

Mailing Address 4007 W. EAU CLAIRE ROAD

City AFTON State WI Zip Code 53501

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I824

Amount of Each Disbursement this Period

4000000.00

Full Name (Last, First, Middle Initial)

B. JONATHAN KUESTER

Mailing Address 10 SEAGATE DR, 3 SOUTH

City PALM HARBOR State FL Zip Code 34685

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I827

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

C. KERRI KUESTER

Mailing Address 10 SEAGATE DR, 3 SOUTH

City PALM HARBOR State FL Zip Code 34685

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I828

Amount of Each Disbursement this Period

40000.00

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

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

4080000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. FRED LUBER

Mailing Address 777 N PROSPECT AVE

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

Transaction ID : SB28A.I829

Amount of Each Disbursement this Period

35680.00

Full Name (Last, First, Middle Initial)

B. DAVID LUDINGTON

Mailing Address 244 E LARKSPUR LN

City ONALASKA State WI Zip Code 54650

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

Transaction ID : SB28A.I830

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

C. JOE MASTERSON

Mailing Address 1285 GULF SHORE BLVD
8B

City NAPLES State FL Zip Code 34102

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

Transaction ID : SB28A.I831

Amount of Each Disbursement this Period

40000.00

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

87680.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. JAMES MOELLER

Mailing Address 1255 DARTMOUTH DR.

City WAUNAKEE State WI Zip Code 53597

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I834

Amount of Each Disbursement this Period

35680.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. TOM A. TISBO

Mailing Address 701 N. KIRK ROAD

City BATAVIA State IL Zip Code 60510

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I835

Amount of Each Disbursement this Period

20000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. ELIZABETH A. UIHLEIN

Mailing Address 1396 N. WAUKEGAN ROAD

City LAKE FOREST State IL Zip Code 60045

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I839

Amount of Each Disbursement this Period

600000.00

Category/
Type

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

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

65680.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH A. UIHLEIN		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1396 N. WAUKEGAN ROAD		Transaction ID : SB28A.I840
City LAKE FOREST State IL Zip Code 60045	Amount of Each Disbursement this Period 140000.00	
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RICHARD E. UIHLEIN		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1396 N. WAUKEGAN ROAD		Transaction ID : SB28A.I836
City LAKE FOREST State IL Zip Code 60045	Amount of Each Disbursement this Period 60000.00	
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RICHARD E. UIHLEIN		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 1396 N. WAUKEGAN ROAD		Transaction ID : SB28A.I837
City LAKE FOREST State IL Zip Code 60045	Amount of Each Disbursement this Period 80000.00	
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	2800000.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. RICHARD E. UIHLEIN

Mailing Address 1396 N. WAUKEGAN ROAD

City LAKE FOREST State IL Zip Code 60045

Purpose of Disbursement
CONTRIBUTION REFUND

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
11 / 03 / 2015

Transaction ID : SB28A.I838

Amount of Each Disbursement this Period

600000.00

Full Name (Last, First, Middle Initial)

B. DONALD J. WEBER

Mailing Address 145 17TH STREET S.

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
CONTRIBUTION REFUND

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
11 / 03 / 2015

Transaction ID : SB28A.I841

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

C. HF SECURITIES LLC

Mailing Address 18000 W SARAH LN
STE 250

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement
CONTRIBUTION REFUND

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
11 / 03 / 2015

Transaction ID : SB28A.I825

Amount of Each Disbursement this Period

120000.00

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

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

760000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. JOHNSON TIMBER CORPORATION

Mailing Address 9676 N. KRUGER ROAD

City HAYWARD State WI Zip Code 54843

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I826

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

B. MIDWEST COMPOSITE TECHNOLOGIES

Mailing Address 1050 WALNUT RIDGE DR.

City HARTLAND State WI Zip Code 53029

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I832

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. MILK SOURCE, LLC

Mailing Address N3569 VANDEN BOSCH ROAD

City KAUKAUNA State WI Zip Code 54130

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I833

Amount of Each Disbursement this Period

20000.00

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

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

56000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. WISCONSIN WINE AND SPIRIT INSTITUTE

Mailing Address 22 N. CARROLL ST., STE 200

City MADISON State WI Zip Code 53703

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB28A.I842

Amount of Each Disbursement this Period

60000.00

B. JOHN R. ANDERSON

Mailing Address 330 SPRING CREEK RD

City ROCKFORD State IL Zip Code 61107

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I843

Amount of Each Disbursement this Period

20000.00

C. MICHAEL J. CUDAHY

Mailing Address 925 E. WELLS STREET STE. 420

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I846

Amount of Each Disbursement this Period

40000.00

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

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

120000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL J. CUDAHY

Mailing Address 925 E. WELLS STREET STE. 420

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I847

Amount of Each Disbursement this Period

20000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. JENNIFER HILLIS

Mailing Address 951 E WYE LN

City MILWAUKEE State WI Zip Code 53217

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I849

Amount of Each Disbursement this Period

20000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. ROBERT J. HILLIS

Mailing Address 6767 N INDUSTRIAL RD

City MILWAUKEE State WI Zip Code 53223

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I850

Amount of Each Disbursement this Period

20000.00

Category/
Type

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

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

60000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. PAUL HILLS

Mailing Address 18 HERON LANE

City BARRINGTON HILLS State IL Zip Code 60010

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I851

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. JAY JENSEN

Mailing Address 5126 W TERRACE

City MADISON State WI Zip Code 53718

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I852

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

C. CRAIG LEIPOLD

Mailing Address 5333 WIND POINT ROAD

City RACINE State WI Zip Code 53402

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I853

Amount of Each Disbursement this Period

40000.00

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

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

140000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ROBERT LUDDY

Mailing Address 4641 PARAGON PARK RD

City RALEIGH State NC Zip Code 27616

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I854

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

B. MACKIE MCCREA

Mailing Address 800 SONTERRA BLVD

City SAN ANTONIO State TX Zip Code 78258

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I855

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

C. THOMAS H. PATRICK

Mailing Address 9723 NIBLICK LANE

City NAPLES State FL Zip Code 34108

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I856

Amount of Each Disbursement this Period

20000.00

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

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

116000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. JOHN A. PAULSON

Mailing Address 1251 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10020

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I857

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

B. JOHN PECK JR.

Mailing Address P.O. BOX 829

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I858

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. LAUNA STAYER-MALONEY

Mailing Address 1136 RIVERVIEW DRIVE

City SHEBOYGAN State WI Zip Code 53083

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I860

Amount of Each Disbursement this Period

40000.00

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

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

140000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. WARREN A. STEPHENS

Mailing Address 111 CENTER ST

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I861

Amount of Each Disbursement this Period

40000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. GARLAND S. TUCKER

Mailing Address 2327 LAKE DRIVE

City RALEIGH State NC Zip Code 27609

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I863

Amount of Each Disbursement this Period

12000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. PETER WELSH

Mailing Address 219 OTIS RD

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I864

Amount of Each Disbursement this Period

15600.00

Category/Type

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

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

67600.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CHART H. WESTCOTT

Mailing Address 100 CRESCENT COURT
SUITE 1620

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I865

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. CHART H. WESTCOTT

Mailing Address 100 CRESCENT COURT
SUITE 1620

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I866

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. ANDREW A. ZIEGLER

Mailing Address 100 N. CORPORATE DRIVE, SUITE 190

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I867

Amount of Each Disbursement this Period

Category/
Type

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. C.K. HOLDINGS LTD

Mailing Address PMB 219, 905 GEORGE STREET

City DE PERE State WI Zip Code 54115

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I844

Amount of Each Disbursement this Period

20000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. COPART GENERAL DISBURSEMENT

Mailing Address 14185 DALLAS PARKWAY STE. 400

City DALLAS State TX Zip Code 75254

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I845

Amount of Each Disbursement this Period

120000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPLY

Mailing Address 6767 NORTH INDUSTRIAL ROAD

City MILWAUKEE State WI Zip Code 53223

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I848

Amount of Each Disbursement this Period

20000.00

Category/Type

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

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

160000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. SERVICES GROUP OF AMERICA

Mailing Address 16100 N 71ST ST
STE 500

City SCOTTSDALE State AZ Zip Code 85254

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I859

Amount of Each Disbursement this Period

160000.00

Full Name (Last, First, Middle Initial)

B. TRT HOLDINGS

Mailing Address 4001 MAPLE AVE
STE 600

City DALLAS State TX Zip Code 75219

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB28A.I862

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. CHRIS BACHELDER

Mailing Address 1194 BROOKGATE WAY NE

City ATLANTA State GA Zip Code 30319

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I870

Amount of Each Disbursement this Period

16000.00

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

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

196000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. RUSSELL DARROW		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 4664 CEDAR PARK DRIVE		Transaction ID : SB28A.I871
City WEST BEND	State WI	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 20000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. J STEVEN HART		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 701 8TH ST NW #500		Transaction ID : SB28A.I872
City WASHINGTON	State DC	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 20000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. STANLEY S. HUBBARD		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 3415 UNIVERSITY AVE		Transaction ID : SB28A.I874
City SAINT PAUL	State MN	
Purpose of Disbursement CONTRIBUTION REFUND	Candidate Name	Amount of Each Disbursement this Period 40000.00
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	80000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. CRAIG J. HUDSON

Mailing Address 126 OLD OAK DRIVE

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I875

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PETER H. HUIZENGA

Mailing Address 2215 YORK RD SUITE 500

City OAK BROOK State IL Zip Code 60523

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I876

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JOYCE JOHNSON

Mailing Address 1176 ORLO DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I877

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ROBERT JOHNSON

Mailing Address 1116 ORLO DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I878

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. JOHN C. MALONE

Mailing Address 12300 LIBERTY BLVD.
C/O LIBERTY MEDIA

City State Zip Code
ENGLEWOOD CO 80112

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I879

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

C. JOHN MCMAHON

Mailing Address 4824 RUGBY AVE

City State Zip Code
BETHESDA MD 20814

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I880

Amount of Each Disbursement this Period

80000.00

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

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

170000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. JULIAN H. ROBERTSON

Mailing Address 101 PARK AVE

City NEW YORK State NY Zip Code 10178

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I882

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. RICHARD H. ROBERTS

Mailing Address P.O. BOX 18

City LAKEWOOD State NJ Zip Code 08701

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I881

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ANNETTE SIMMONS

Mailing Address 5915 DELOACHE

City DALLAS State TX Zip Code 75225

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I883

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. THOMAS W. SMITH

Mailing Address 2200 BUTTS RD
STE 320

City BOCA RATON State FL Zip Code 33431

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I884

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

B. RICHARD L. WILKEY

Mailing Address 5112 N. HIGHWAY 83

City HARTLAND State WI Zip Code 53029

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I888

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. ACCESS INDUSTRIES, INC.

Mailing Address 730 5TH AVE
20TH FLOOR

City NY State NY Zip Code 10019

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I868

Amount of Each Disbursement this Period

400000.00

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

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

500000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ACCESS INDUSTRIES, INC.

Mailing Address 730 5TH AVE
20TH FLOOR

City NY State NY Zip Code 10019

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I869

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

B. HNTB CORPORATION

Mailing Address 5910 W PLANO PKWY
#200

City PLANO State TX Zip Code 75093

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I873

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. SSI TECHNOLOGIES, INC.

Mailing Address P.O. BOX 5011

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I885

Amount of Each Disbursement this Period

40000.00

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

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

860000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. UNIVERSAL TRUCKLOAD SERVICES I.

Mailing Address 12755 E. NINE MILE

City WARREN State MI Zip Code 48089

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I886

Amount of Each Disbursement this Period

240000.00

Full Name (Last, First, Middle Initial)

B. WELDALL MFG, INC

Mailing Address 2001 S PRAIRIE AVE

City WAUKESHA State WI Zip Code 53189

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB28A.I887

Amount of Each Disbursement this Period

24000.00

Full Name (Last, First, Middle Initial)

C. JOHN A. CATSIMATIDIS

Mailing Address 823 11TH AVENUE

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I889

Amount of Each Disbursement this Period

20000.00

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

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

284000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. EDWARD CZUKER

Mailing Address 121 S BEVERLY

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I890

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

B. ELISSA CZUKER

Mailing Address 121 S BEVERLY

City BEVERLY HILLS State CA Zip Code 90212

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I891

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER C. DEWEY

Mailing Address P.O. BOX 23

City OLDWICK State NJ Zip Code 08858

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I892

Amount of Each Disbursement this Period

12000.00

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

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

72000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH M. DUNN

Mailing Address 24 DOCKSIDE LANE
P.M.B. #196

City KEY LARGO State FL Zip Code 33037

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I894

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. PATRICIA A. FOGLIA

Mailing Address 43 CASTLETON COURT

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I895

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. MARC GOLDMAN

Mailing Address 1500 S OCEAN BLVD
S501

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I896

Amount of Each Disbursement this Period

Category/
Type

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. ARNOLD GUMOWITZ		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 14 CHANNEL DRIVE		Transaction ID : SB28A.I897
City KINGS POINT	State NY	
Zip Code 11024	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HELENE HOULE		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 59 A 4TH STREET 24B		Transaction ID : SB28A.I898
City ST. PAUL	State MN	
Zip Code 55102	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PAUL J. ISAAC		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 75 PROSPECT AVE		Transaction ID : SB28A.I899
City LARCHMONT	State NY	
Zip Code 10538	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	60000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. JEFFREY JAY

Mailing Address 50 FOX RUN LANE

City GREENWICH State CT Zip Code 06831

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I900

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL R. JONES

Mailing Address 196 VAN BUREN ST

City HERNDON State VA Zip Code 20170

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I902

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

C. TERRY J. KOHLER

Mailing Address 630 RIVERFRONT DRIVE STE. 200

City SHEBOYGAN State WI Zip Code 53081

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I903

Amount of Each Disbursement this Period

80000.00

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

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

176000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. GEORGE L. LINDEMANN

Mailing Address 505 S. FLAGLER DRIVE STE. 900

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I904

Amount of Each Disbursement this Period

80000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CARY M. MAGUIRE

Mailing Address 5950 BERKSHIRE LANE STE. 1500

City DALLAS State TX Zip Code 75225

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I905

Amount of Each Disbursement this Period

40000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. BERNARD MARCUS

Mailing Address 1266 W PACES FERRY RD
#615

City ATLANTA State GA Zip Code 30327

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I906

Amount of Each Disbursement this Period

400000.00

Category/
Type

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

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

520000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. E. BRETT MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW #307

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I907

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. E. BRETT MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW #307

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I908

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. JOHN PECK JR.

Mailing Address P.O. BOX 829

City RANCHO SANTA FE State CA Zip Code 92067

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I910

Amount of Each Disbursement this Period

20000.00

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

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

60000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. PARKER H. PETIT

Mailing Address 1775 WEST OAK COMMONS CT NE

City MARIETTA State GA Zip Code 30062

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I911

Amount of Each Disbursement this Period

80000.00

Full Name (Last, First, Middle Initial)

B. JOHN S. SHIELY

Mailing Address 15270 BRIAR RIDGE CT

City ELM GROVE State WI Zip Code 53122

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I912

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

C. EDWARD ST. JOHN

Mailing Address 2560 LORD BALTIMORE DRIVE

City BALTIMORE State MD Zip Code 21244

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB28A.I913

Amount of Each Disbursement this Period

80000.00

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

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

200000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. LEONARD TANNENBAUM

Mailing Address 777 WEST PUTNAM AVE., 3RD FL

City GREENWICH State CT Zip Code 06830

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I914

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. DOORNINK REVOCABLE TRUST

Mailing Address 872 6TH ST

City MANHATTAN BEACH State CA Zip Code 90266

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I893

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. JMF INVESTMENT HOLDINGS INC.

Mailing Address 1135 HILLSBORO MILE

City HILLSBORO BEACH State FL Zip Code 33062

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.I901

Amount of Each Disbursement this Period

Category/
Type

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MOTOR WERKS AUTO GROUP

Mailing Address 1000 W. GOLF ROAD

City State Zip Code
HOFFMAN ESTATES IL 60169

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
11 / 06 / 2015

Transaction ID : SB28A.I909

Amount of Each Disbursement this Period

20000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. UNITED REFINING COMPANY

Mailing Address 823 11TH AVENUE

City State Zip Code
NEW YORK NY 10019

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
11 / 06 / 2015

Transaction ID : SB28A.I915

Amount of Each Disbursement this Period

20000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. DANIEL J. ARNOLD

Mailing Address 4930 E STATE ST

City State Zip Code
ROCKFORD IL 61108

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
11 / 10 / 2015

Transaction ID : SB28A.I916

Amount of Each Disbursement this Period

20000.00

Category/
Type

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

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

60000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. PATRICIA M. CAMPBELL		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 3437 TIMBER LAKE CT NW		Transaction ID : SB28A.I917
City KENNESAW	State GA	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 16000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. RICHARD L. DUCHOSSOIS		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 65 SPRING CREEK RD		Transaction ID : SB28A.I919
City BARRINGTON	State IL	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 20000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. JAMES GOODNIGHT		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 900 APPLETREE LN		Transaction ID : SB28A.I920
City CARY	State NC	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 20000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	56000.00
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. MARY T. GOULD

Mailing Address 7861 MURRAY HILL RD

City LAUREL State MD Zip Code 20723

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB28A.I921

Amount of Each Disbursement this Period

17500.00

Full Name (Last, First, Middle Initial)

B. ROBERT D. KERN

Mailing Address W305 S4273 BROOKHILL ROAD

City WAUKESHA State WI Zip Code 53189

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB28A.I922

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

C. ROBERT C. MCNAIR

Mailing Address NRG STADIUM-TWO NRG PARK

City HOUSTON State TX Zip Code 77054

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB28A.I923

Amount of Each Disbursement this Period

400000.00

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

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

457500.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial) A. NICHOLAS G. PALEOLOGOS		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 10721 STANMORE DR.		Transaction ID : SB28A.I924
City POTOMAC State MD Zip Code 20854	Amount of Each Disbursement this Period 20000.00	
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. COURI INSURANCE AGENCY		Date of Disbursement MM / DD / YYYY 11 / 10 / 2015
Mailing Address 379 WEST MAIN ST		Transaction ID : SB28A.I918
City WAUKESHA State WI Zip Code 53186	Amount of Each Disbursement this Period 40000.00	
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ANTHONY SCARAMUCCI		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015
Mailing Address 527 MADISON AVENUE FLOOR 16		Transaction ID : SB28A.I926
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 12000.00	
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	72000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. ETC CAPITAL, LLC

Mailing Address 38955 HILLS TECH DRIVE

City FARMINGTON HILLS State MI Zip Code 48331

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : **SB28A.I925**

Amount of Each Disbursement this Period

120000.00

B. ROY H. DRINKARD

Mailing Address P.O. BOX 996

City CULLMAN State AL Zip Code 35056

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB28A.I927**

Amount of Each Disbursement this Period

20000.00

C. MAURICE J. GALLAGHER

Mailing Address 8350 S DURANGO DR.
SUITE 210

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB28A.I928**

Amount of Each Disbursement this Period

24000.00

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

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

164000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. HENRY MELLON

Mailing Address 1201 BARLEY MILL RD

City GREENVILLE State DE Zip Code 19807

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 13 / 2015

Transaction ID : SB28A.I929

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. WILLIAM PETIT

Mailing Address 1392 TORPIN HILL CT

City KENNESAW State GA Zip Code 30152

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 13 / 2015

Transaction ID : SB28A.I931

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

C. NANCY TOLL

Mailing Address 7403 WEST MORNINGSIDE CT

City FRANKLIN State WI Zip Code 53132

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 13 / 2015

Transaction ID : SB28A.I932

Amount of Each Disbursement this Period

20000.00

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

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

56000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)
Unintimidated PAC

Full Name (Last, First, Middle Initial)

A. NEW MEDIA INVESTORS SP, LLC

Mailing Address 800 BOYLSTON ST
35TH FLR

City BOSTON State MA Zip Code 02199

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB28A.I930

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

B. MARLENE RICKETTS

Mailing Address P.O. BOX 31519

City OMAHA State NE Zip Code 68131

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB28A.I933

Amount of Each Disbursement this Period

3935000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3951000.00

18377960.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee DES MOINES REGISTER	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2015
Mailing Address P.O. BOX 677357	Amount 20284.69
City State Zip Code DALLAS TX 75267	Transaction ID : SE24.755 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 10 / 2015
Purpose of Expenditure NEWSPAPER ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: IA <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee ENLIGHTEN SOLUTIONS LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2015
Mailing Address 4311 WEST ADAMS, SUITE 209	Amount 50911.33
City State Zip Code TEMPLE TX 76504	Transaction ID : SE24.757 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 11 / 2015
Purpose of Expenditure MAILER	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: IA <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71196.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.628
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 1800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.629
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.630
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.631
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.632
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.633
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00576108 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 07 / 13 / 2015 </div>	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 260.00 </div>	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.634 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 07 / 13 / 2015 </div>
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;">004</div>		Name of Federal Candidate SCOTT WALKER
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">800.00</div>	
Disbursement For:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 07 / 13 / 2015 </div>	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 260.00 </div>	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.635 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 07 / 13 / 2015 </div>
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;">004</div>		Name of Federal Candidate SCOTT WALKER
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">800.00</div>	
Disbursement For:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 520.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

 Signature

[Electronically Filed]

Date

01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.636 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
800.00	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.637 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
800.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: EXORO STRATEGIES LLC
Mailing Address: 2266 N. PROSPECT AVE, SUITE 410
City: MILWAUKEE, State: WI, Zip Code: 53202
Purpose of Expenditure: WEB AD PLACEMENT, Category/Type: 004
Name of Federal Candidate: SCOTT WALKER, Support
Office Sought: President, State: HI
Amount: 260.00
Transaction ID: SE24.638
Date of Disbursement or Obligation: 07/13/2015
Calendar Year-To-Date Per Election for Office Sought: 800.00
Disbursement For: Primary 2016

Full Name of Payee: EXORO STRATEGIES LLC
Mailing Address: 2266 N. PROSPECT AVE, SUITE 410
City: MILWAUKEE, State: WI, Zip Code: 53202
Purpose of Expenditure: WEB AD PLACEMENT, Category/Type: 004
Name of Federal Candidate: SCOTT WALKER, Support
Office Sought: President, State: ID
Amount: 260.00
Transaction ID: SE24.639
Date of Disbursement or Obligation: 07/13/2015
Calendar Year-To-Date Per Election for Office Sought: 800.00
Disbursement For: Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: KEITH GILKES [Electronically Filed] Date: 01/31/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.640 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.641 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee EXORO STRATEGIES LLC
Mailing Address 2266 N. PROSPECT AVE, SUITE 410
City MILWAUKEE State WI Zip Code 53202
Purpose of Expenditure WEB AD PLACEMENT Category/Type 004
Name of Federal Candidate SCOTT WALKER Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 2121853.20
Disbursement For: Primary 2016

Full Name of Payee EXORO STRATEGIES LLC
Mailing Address 2266 N. PROSPECT AVE, SUITE 410
City MILWAUKEE State WI Zip Code 53202
Purpose of Expenditure WEB AD PLACEMENT Category/Type 004
Name of Federal Candidate SCOTT WALKER Support
Office Sought: President State: KS
Calendar Year-To-Date Per Election for Office Sought 800.00
Disbursement For: Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
KEITH GILKES
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC		FEC IDENTIFICATION NUMBER C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on

M M M	/	D D D	/	Y Y Y Y Y Y
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Full Name of Payee EXORO STRATEGIES LLC			Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>			M M	/	D D	/	Y Y Y Y Y Y	07		13		2015	
M M	/	D D	/	Y Y Y Y Y Y												
07		13		2015												
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410			Amount <table border="1"> <tr> <td colspan="5">260.00</td> </tr> </table>			260.00										
260.00																
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.644													
Purpose of Expenditure WEB AD PLACEMENT		Category/ Type <table border="1"> <tr> <td>004</td> </tr> </table>	004	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>			M M	/	D D	/	Y Y Y Y Y Y	07		13		2015
004																
M M	/	D D	/	Y Y Y Y Y Y												
07		13		2015												
Name of Federal Candidate SCOTT WALKER			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>													
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="2">800.00</td> </tr> </table>		800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
800.00																

Full Name of Payee EXORO STRATEGIES LLC			Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>			M M	/	D D	/	Y Y Y Y Y Y	07		13		2015	
M M	/	D D	/	Y Y Y Y Y Y												
07		13		2015												
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410			Amount <table border="1"> <tr> <td colspan="5">260.00</td> </tr> </table>			260.00										
260.00																
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.645													
Purpose of Expenditure WEB AD PLACEMENT		Category/ Type <table border="1"> <tr> <td>004</td> </tr> </table>	004	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>			M M	/	D D	/	Y Y Y Y Y Y	07		13		2015
004																
M M	/	D D	/	Y Y Y Y Y Y												
07		13		2015												
Name of Federal Candidate SCOTT WALKER			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u>													
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="2">800.00</td> </tr> </table>		800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
800.00																

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="5">520.00</td> </tr> </table>	520.00				
520.00						
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="5"> </td> </tr> </table>					
(c) TOTAL Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="5"> </td> </tr> </table>					

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

[Electronically Filed]

Signature

Date

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.646 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.647 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.648 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: MA
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.649 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: MI
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	_____
(c) TOTAL Independent Expenditures..... ▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES
Signature

[Electronically Filed] Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: EXORO STRATEGIES LLC
Mailing Address: 2266 N. PROSPECT AVE, SUITE 410
City: MILWAUKEE, State: WI, Zip Code: 53202
Purpose of Expenditure: WEB AD PLACEMENT, Category/Type: 004
Date of Public Distribution/Dissemination: 07/13/2015
Amount: 260.00
Transaction ID: SE24.650
Name of Federal Candidate: SCOTT WALKER, Support
Office Sought: President, State: MN
Calendar Year-To-Date Per Election for Office Sought: 800.00
Disbursement For: Primary 2016

Full Name of Payee: EXORO STRATEGIES LLC
Mailing Address: 2266 N. PROSPECT AVE, SUITE 410
City: MILWAUKEE, State: WI, Zip Code: 53202
Purpose of Expenditure: WEB AD PLACEMENT, Category/Type: 004
Date of Public Distribution/Dissemination: 07/13/2015
Amount: 260.00
Transaction ID: SE24.651
Name of Federal Candidate: SCOTT WALKER, Support
Office Sought: President, State: MS
Calendar Year-To-Date Per Election for Office Sought: 800.00
Disbursement For: Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: KEITH GILKES [Electronically Filed] Date: 01/31/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
WEB AD PLACEMENT Category/
Type 004
Name of Federal Candidate
SCOTT WALKER Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 800.00

Date of Public Distribution/Dissemination
07 / 13 / 2015
Amount
260.00
Transaction ID : SE24.652
Date of Disbursement or Obligation
07 / 13 / 2015
Office Sought: House District:
President Senate State: MO
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
WEB AD PLACEMENT Category/
Type 004
Name of Federal Candidate
SCOTT WALKER Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 800.00

Date of Public Distribution/Dissemination
07 / 13 / 2015
Amount
260.00
Transaction ID : SE24.653
Date of Disbursement or Obligation
07 / 13 / 2015
Office Sought: House District:
President Senate State: MT
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature KEITH GILKES [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
WEB AD PLACEMENT Category/
Type 004

Date of Public Distribution/Dissemination
07 / 13 / 2015
Amount
260.00
Transaction ID : SE24.654
Date of Disbursement or Obligation
07 / 13 / 2015

Name of Federal Candidate
SCOTT WALKER
Support
Oppose
Office Sought:
President
Senate
State: NE
Calendar Year-To-Date
Per Election for Office Sought
800.00

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
WEB AD PLACEMENT Category/
Type 004

Date of Public Distribution/Dissemination
07 / 13 / 2015
Amount
260.00
Transaction ID : SE24.655
Date of Disbursement or Obligation
07 / 13 / 2015

Name of Federal Candidate
SCOTT WALKER
Support
Oppose
Office Sought:
President
Senate
State: NV
Calendar Year-To-Date
Per Election for Office Sought
24081.00

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
KEITH GILKES
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
WEB AD PLACEMENT Category/
Type
004
Date of Public Distribution/Dissemination
07 / 13 / 2015
Amount
260.00
Transaction ID : SE24.656
Date of Disbursement or Obligation
07 / 13 / 2015
Name of Federal Candidate
SCOTT WALKER Support
Office Sought:
President State:
NH
Calendar Year-To-Date
Per Election for Office Sought
24581.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
WEB AD PLACEMENT Category/
Type
004
Date of Public Distribution/Dissemination
07 / 13 / 2015
Amount
260.00
Transaction ID : SE24.657
Date of Disbursement or Obligation
07 / 13 / 2015
Name of Federal Candidate
SCOTT WALKER Support
Office Sought:
President State:
NJ
Calendar Year-To-Date
Per Election for Office Sought
800.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature KEITH GILKES [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: EXORO STRATEGIES LLC
Mailing Address: 2266 N. PROSPECT AVE, SUITE 410
City: MILWAUKEE, State: WI, Zip Code: 53202
Purpose of Expenditure: WEB AD PLACEMENT, Category/Type: 004
Name of Federal Candidate: SCOTT WALKER, Support
Office Sought: President, State: NM
Disbursement For: Primary
Amount: 260.00
Transaction ID: SE24.658

Full Name of Payee: EXORO STRATEGIES LLC
Mailing Address: 2266 N. PROSPECT AVE, SUITE 410
City: MILWAUKEE, State: WI, Zip Code: 53202
Purpose of Expenditure: WEB AD PLACEMENT, Category/Type: 004
Name of Federal Candidate: SCOTT WALKER, Support
Office Sought: President, State: NY
Disbursement For: Primary
Amount: 260.00
Transaction ID: SE24.659

(a) SUBTOTAL of Itemized Independent Expenditures: 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: KEITH GILKES [Electronically Filed] Date: 01/31/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.660 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.661 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.662 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.663 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00576108 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EXORO STRATEGIES LLC		
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		
City MILWAUKEE	State WI	Zip Code 53202
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	
Name of Federal Candidate SCOTT WALKER		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		
<div style="border: 1px solid black; text-align: center;"> 800.00 </div>		

Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> 07 / 13 / 2015 </div>
Amount <div style="border: 1px solid black; text-align: right; padding: 2px;"> 260.00 </div>
Transaction ID : SE24.664 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> 07 / 13 / 2015 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OR</u>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC		
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		
City MILWAUKEE	State WI	Zip Code 53202
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	
Name of Federal Candidate SCOTT WALKER		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		
<div style="border: 1px solid black; text-align: center;"> 800.00 </div>		

Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> 07 / 13 / 2015 </div>
Amount <div style="border: 1px solid black; text-align: right; padding: 2px;"> 260.00 </div>
Transaction ID : SE24.665 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> 07 / 13 / 2015 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>PA</u>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; text-align: right; padding: 2px;"> 520.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date

Signature

01 /

31
 /

2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC		FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <input type="text"/>	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.666
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>RI</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016	<input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <input type="text"/>	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.667
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016	<input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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KEITH GILKES [Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.668
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.669
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee EXORO STRATEGIES LLC
Mailing Address 2266 N. PROSPECT AVE, SUITE 410
City MILWAUKEE State WI Zip Code 53202
Purpose of Expenditure WEB AD PLACEMENT Category/Type 004
Date of Public Distribution/Dissemination 07/13/2015
Amount 260.00 Transaction ID: SE24.670
Name of Federal Candidate SCOTT WALKER Support Oppose
Office Sought: President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 800.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee EXORO STRATEGIES LLC
Mailing Address 2266 N. PROSPECT AVE, SUITE 410
City MILWAUKEE State WI Zip Code 53202
Purpose of Expenditure WEB AD PLACEMENT Category/Type 004
Date of Public Distribution/Dissemination 07/13/2015
Amount 260.00 Transaction ID: SE24.671
Name of Federal Candidate SCOTT WALKER Support Oppose
Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 800.00
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 520.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature KEITH GILKES [Electronically Filed] Date 01/31/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00576108 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">07 / 13 / 2015</div>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">260.00</div>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.672 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">07 / 13 / 2015</div>
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">004</div>
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">800.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">07 / 13 / 2015</div>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">260.00</div>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.673 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">07 / 13 / 2015</div>
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">004</div>
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">800.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES
[Electronically Filed]
Date

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

01 / 31 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.674 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004		Name of Federal Candidate SCOTT WALKER
Calendar Year-To-Date Per Election for Office Sought 800.00		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 260.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.675 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004		Name of Federal Candidate SCOTT WALKER
Calendar Year-To-Date Per Election for Office Sought 800.00		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]
Date

M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.676 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: WI
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 260.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.677 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: WY
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
ONLINE ADVERTISING Category/
Type
004
Date of Public Distribution/Dissemination
07 / 23 / 2015
Amount
20000.00
Transaction ID : SE24.682
Date of Disbursement or Obligation
07 / 24 / 2015
Name of Federal Candidate
SCOTT WALKER Support
Office Sought:
President State: IA
Disbursement For:
Primary 2016

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
ONLINE ADVERTISING Category/
Type
004
Date of Public Distribution/Dissemination
07 / 23 / 2015
Amount
10000.00
Transaction ID : SE24.683
Date of Disbursement or Obligation
07 / 24 / 2015
Name of Federal Candidate
SCOTT WALKER Support
Office Sought:
President State: NH
Disbursement For:
Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures 30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature KEITH GILKES [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
ONLINE ADVERTISING Category/
Type 004

Date of Public Distribution/Dissemination
07 / 23 / 2015
Amount
10000.00
Transaction ID : SE24.684
Date of Disbursement or Obligation
07 / 24 / 2015

Name of Federal Candidate
SCOTT WALKER
Support Oppose
Office Sought: House District:
President Senate State: SC

Disbursement For: Primary General
2016 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
40706.00

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
ONLINE ADVERTISING Category/
Type 004

Date of Public Distribution/Dissemination
07 / 23 / 2015
Amount
10000.00
Transaction ID : SE24.685
Date of Disbursement or Obligation
07 / 24 / 2015

Name of Federal Candidate
SCOTT WALKER
Support Oppose
Office Sought: House District:
President Senate State: NV

Disbursement For: Primary General
2016 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
24081.00

(a) SUBTOTAL of Itemized Independent Expenditures..... 20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature KEITH GILKES [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.694
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 1800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.695
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.696 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.697 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.698 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: CA
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.699 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: CO
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.700 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>CT</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.701 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>DE</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.702 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.703 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.704 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.705 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.706 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.707 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.708 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.709 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M / D D / Y Y Y Y Y Y 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures.....▶	M M / D D / Y Y Y Y Y Y

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.710
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> KY </u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.711
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> LA </u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.712 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>ME</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.713 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.714 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.715 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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KEITH GILKES [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <input type="text"/> 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.716
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <input type="text"/> 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.717
Purpose of Expenditure WEB AD PLACEMENT	Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

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KEITH GILKES

Signature _____ Date / / 01 / 31 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.718 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.719 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.720
Purpose of Expenditure WEB AD PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.721
Purpose of Expenditure WEB AD PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 24081.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.722 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NH
Calendar Year-To-Date Per Election for Office Sought 24581.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.723 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NJ
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015		
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410			Amount 500.00		
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.724 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015		
Purpose of Expenditure WEB AD PLACEMENT		Category/ Type 004	Name of Federal Candidate SCOTT WALKER		
Calendar Year-To-Date Per Election for Office Sought 800.00		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>	
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee EXORO STRATEGIES LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015		
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410			Amount 500.00		
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.725 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015		
Purpose of Expenditure WEB AD PLACEMENT		Category/ Type 004	Name of Federal Candidate SCOTT WALKER		
Calendar Year-To-Date Per Election for Office Sought 800.00		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.728
Purpose of Expenditure WEB AD PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.729
Purpose of Expenditure WEB AD PLACEMENT	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.730 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.731 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.732 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: RI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
	800.00

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.733 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
	40706.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature KEITH GILKES [Electronically Filed] Date MM / DD / YYYY 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.734
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.735
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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KEITH GILKES
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC		FEC IDENTIFICATION NUMBER ▼ C C00576108	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.736
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 500.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.737
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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KEITH GILKES
Signature

[Electronically Filed]

Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.740 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.741 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M / D D / Y Y Y Y Y Y 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures.....▶	M M / D D / Y Y Y Y Y Y

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KEITH GILKES [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.742 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: WI
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M / D D / Y Y Y Y Y Y 500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.743 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Purpose of Expenditure WEB AD PLACEMENT	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: WY
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 2000.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.678 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 24081.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 4200.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.679 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6200.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 2125.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.680 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>SC</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 40706.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 2500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.681 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 07 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>NH</u> <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 24581.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 13 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M M M M M . 0 0 5000.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.744 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 14 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type M M M M M M 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought M M M M M M . 0 0 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount M M M M M M . 0 0 1500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.745 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 20 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type M M M M M M 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought M M M M M M . 0 0 40706.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M M M M M . 0 0 6500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M M M . 0 0
(c) TOTAL Independent Expenditures..... ▶	M M M M M M . 0 0

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 26 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 12500.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.748 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 27 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 28 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 15000.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.749 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 28 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 40706.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 08 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 287395.52
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.753 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 3250.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.758 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	290645.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00576108 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 16 / 2015 </div>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3250.00 </div>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.759 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 16 / 2015 </div>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24581.00 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 16 / 2015 </div>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3250.00 </div>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.760 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 16 / 2015 </div>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40706.00 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6500.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature KEITH GILKES [Electronically Filed] Date

MM / DD / YYYY
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 3250.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.761 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 24081.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.762 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 1800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3290.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.763 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.764 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.765 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Name of Federal Candidate SCOTT WALKER	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.766 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Name of Federal Candidate SCOTT WALKER	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.767 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.768 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>CT</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <input type="text"/>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.769 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type <input type="text"/>
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>DE</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<input type="text"/>	<input type="text"/>

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <input type="text"/>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.770 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type <input type="text"/>
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<input type="text"/>	<input type="text"/>

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES
Signature

[Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.771 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.772 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: HI
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.773
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> ID </u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.774
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u> IL </u>
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00576108 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 09 / 16 / 2015 </div>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 40.00 </div>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.775 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 09 / 16 / 2015 </div>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;">004</div>
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">800.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 09 / 16 / 2015 </div>
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 40.00 </div>
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.776 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 09 / 16 / 2015 </div>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;">004</div>
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">2121853.20</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">80.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

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 Signature

KEITH GILKES
 [Electronically Filed]

Date
M M / D D / Y Y Y Y
 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
ONLINE ADVERTISING Category/
Type
004
Name of Federal Candidate
SCOTT WALKER Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
800.00

Date of Public Distribution/Dissemination
09 / 16 / 2015
Amount
40.00
Transaction ID : SE24.777
Date of Disbursement or Obligation
09 / 16 / 2015
Office Sought: House District:
President Senate State: KS
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
EXORO STRATEGIES LLC
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
City
MILWAUKEE State
WI Zip Code
53202
Purpose of Expenditure
ONLINE ADVERTISING Category/
Type
004
Name of Federal Candidate
SCOTT WALKER Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
800.00

Date of Public Distribution/Dissemination
09 / 16 / 2015
Amount
40.00
Transaction ID : SE24.778
Date of Disbursement or Obligation
09 / 16 / 2015
Office Sought: House District:
President Senate State: KY
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
KEITH GILKES
[Electronically Filed]
Date 01 / 31 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
EXORO STRATEGIES LLC
Date of Public Distribution/Dissemination
09 / 16 / 2015
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
Amount
40.00
City
MILWAUKEE State
WI Zip Code
53202
Transaction ID : SE24.779
Purpose of Expenditure
ONLINE ADVERTISING Category/Type
004
Date of Disbursement or Obligation
09 / 16 / 2015
Name of Federal Candidate
SCOTT WALKER Support
Oppose Office Sought:
House District:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
800.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
EXORO STRATEGIES LLC
Date of Public Distribution/Dissemination
09 / 16 / 2015
Mailing Address
2266 N. PROSPECT AVE, SUITE 410
SUITE 410
Amount
40.00
City
MILWAUKEE State
WI Zip Code
53202
Transaction ID : SE24.780
Purpose of Expenditure
ONLINE ADVERTISING Category/Type
004
Date of Disbursement or Obligation
09 / 16 / 2015
Name of Federal Candidate
SCOTT WALKER Support
Oppose Office Sought:
House District:
Senate State: ME
Calendar Year-To-Date
Per Election for Office Sought
800.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

[Electronically Filed]

Signature

Date

01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.781
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.782
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.783
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.784
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.785 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.786 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC		FEC IDENTIFICATION NUMBER C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00
City MILWAUKEE	State WI	Zip Code 53202
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004	Transaction ID : SE24.787 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2015
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount 40.00
City MILWAUKEE	State WI	Zip Code 53202
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004	Transaction ID : SE24.788 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2015
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought	800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature KEITH GILKES [Electronically Filed] Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.789 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 24081.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.790 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 24581.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.791 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.792 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <input type="text" value="00000000"/> 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.793
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="00000000"/> 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount <input type="text" value="00000000"/> 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.794
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="00000000"/> 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="00000000"/> 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="00000000"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="00000000"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature KEITH GILKES [Electronically Filed] Date / /
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount M M / D D / Y Y Y Y Y Y 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.795
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount M M / D D / Y Y Y Y Y Y 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.796
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y

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KEITH GILKES [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.797 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.798 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.799 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.800 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee EXORO STRATEGIES LLC
Mailing Address 2266 N. PROSPECT AVE, SUITE 410
City MILWAUKEE State WI Zip Code 53202
Purpose of Expenditure ONLINE ADVERTISING Category/Type 004
Date of Public Distribution/Dissemination 09 / 16 / 2015
Amount 40.00
Transaction ID : SE24.803
Date of Disbursement or Obligation 09 / 16 / 2015
Name of Federal Candidate SCOTT WALKER Support Oppose
Office Sought: President Senate State: TN
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee EXORO STRATEGIES LLC
Mailing Address 2266 N. PROSPECT AVE, SUITE 410
City MILWAUKEE State WI Zip Code 53202
Purpose of Expenditure ONLINE ADVERTISING Category/Type 004
Date of Public Distribution/Dissemination 09 / 16 / 2015
Amount 40.00
Transaction ID : SE24.804
Date of Disbursement or Obligation 09 / 16 / 2015
Name of Federal Candidate SCOTT WALKER Support Oppose
Office Sought: President Senate State: TX
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature KEITH GILKES [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.805 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.806 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.807 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.808 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.809 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING Category/Type 004	Name of Federal Candidate SCOTT WALKER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee EXORO STRATEGIES LLC	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2015
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410	Amount 40.00
City State Zip Code MILWAUKEE WI 53202	Transaction ID : SE24.810 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2015
Purpose of Expenditure ONLINE ADVERTISING Category/Type 004	Name of Federal Candidate SCOTT WALKER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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KEITH GILKES [Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee EXORO STRATEGIES LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address 2266 N. PROSPECT AVE, SUITE 410 SUITE 410		Amount M M / D D / Y Y Y Y Y Y 40.00	
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SE24.811
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee PERSUASION PARTNERS INC.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 09 / 2015	
Mailing Address 106 E DOTY STREET, SUITE 300		Amount M M / D D / Y Y Y Y Y Y 50404.71	
City MADISON	State WI	Zip Code 53703	Transaction ID : SE24.754
Purpose of Expenditure MAILER	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 2121853.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y 50444.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC		FEC IDENTIFICATION NUMBER C C00576108	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee PERSUASION PARTNERS INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015	
Mailing Address 106 E DOTY STREET, SUITE 300		Amount 50911.33	
City MADISON	State WI	Zip Code 53703	Transaction ID : SE24.812
Purpose of Expenditure MAILER	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015	
Name of Federal Candidate SCOTT WALKER		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 2121853.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SRCP MEDIA		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2015	
Mailing Address 201 N UNION ST, SUITE 200		Amount 431744.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.813
Purpose of Expenditure TV/RADIO AD PLACEMENT	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2015	
Name of Federal Candidate SCOTT WALKER		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 2121853.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	482655.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date **01 / 31 / 2016**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SRCP MEDIA	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2015
Mailing Address 201 N UNION ST, SUITE 200	Amount 27146.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.814 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015
Purpose of Expenditure TV/RADIO AD PRODUCTION Category/Type 004	Name of Federal Candidate SCOTT WALKER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SRCP MEDIA INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015
Mailing Address 201 N UNION STREET, SUITE 200	Amount 471988.00
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE24.750 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2015
Purpose of Expenditure TV/RADIO AD PLACEMENT Category/Type 004	Name of Federal Candidate SCOTT WALKER <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	499134.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SRCP MEDIA INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015	
Mailing Address 201 N UNION STREET, SUITE 200		Amount 64599.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.751
Purpose of Expenditure TV/RADIO AD PRODUCTION	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2015	
Name of Federal Candidate SCOTT WALKER		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 2121853.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SRCP MEDIA INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015	
Mailing Address 201 N UNION STREET, SUITE 200		Amount 9065.62	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.752
Purpose of Expenditure CREATIVE FEE/COMMISSION	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015	
Name of Federal Candidate SCOTT WALKER		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 2121853.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	73664.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unintimidated PAC
FEC IDENTIFICATION NUMBER
C C00576108
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
SRCP MEDIA INC.
Mailing Address
201 N UNION STREET, SUITE 200
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
TV/RADIO AD PLACEMENT Category/
Type
004
Name of Federal Candidate
SCOTT WALKER Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
2121853.20

Date of Public Distribution/Dissemination
09 / 15 / 2015
Amount
602122.00
Transaction ID : SE24.756
Date of Disbursement or Obligation
09 / 10 / 2015
Office Sought:
House District:
President Senate State: IA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
SRCP MEDIA, INC.
Mailing Address
201 N. UNION ST., SUITE 200
P.O. BOX 15177
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
ONLINE ADVERTISING PRODUCTION Category/
Type
004
Name of Federal Candidate
SCOTT WALKER Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
24081.00

Date of Public Distribution/Dissemination
07 / 23 / 2015
Amount
7406.00
Transaction ID : SE24.686
Date of Disbursement or Obligation
07 / 24 / 2015
Office Sought:
House District:
President Senate State: NV
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 609528.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature KEITH GILKES [Electronically Filed] Date 01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SRCP MEDIA, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2015
Mailing Address 201 N. UNION ST., SUITE 200 P.O. BOX 15177	Amount 7406.00
City ALEXANDRIA	State VA
Zip Code 22314	Transaction ID : SE24.687
Purpose of Expenditure ONLINE ADVERTISING PRODUCTION	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SRCP MEDIA, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2015
Mailing Address 201 N. UNION ST., SUITE 200 P.O. BOX 15177	Amount 7406.00
City ALEXANDRIA	State VA
Zip Code 22314	Transaction ID : SE24.688
Purpose of Expenditure ONLINE ADVERTISING PRODUCTION	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 40706.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14812.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SRCP MEDIA, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2015
Mailing Address 201 N. UNION ST., SUITE 200 P.O. BOX 15177	Amount 7406.00
City ALEXANDRIA	State VA
Zip Code 22314	Transaction ID : SE24.689
Purpose of Expenditure ONLINE ADVERTISING PRODUCTION	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 24581.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SRCP MEDIA, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2015
Mailing Address 201 N. UNION ST., SUITE 200 P.O. BOX 15177	Amount 625.00
City ALEXANDRIA	State VA
Zip Code 22314	Transaction ID : SE24.690
Purpose of Expenditure ONLINE ADVERTISING PRODUCTION	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 24581.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8031.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SRCP MEDIA, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2015
Mailing Address 201 N. UNION ST., SUITE 200 P.O. BOX 15177	Amount 625.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.691 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015
Purpose of Expenditure ONLINE ADVERTISING PRODUCTION	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 40706.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SRCP MEDIA, INC.	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2015
Mailing Address 201 N. UNION ST., SUITE 200 P.O. BOX 15177	Amount 625.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE24.692 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015
Purpose of Expenditure ONLINE ADVERTISING PRODUCTION	Category/Type 004
Name of Federal Candidate SCOTT WALKER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 2121853.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unintimidated PAC	FEC IDENTIFICATION NUMBER ▼ C C00576108
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee SRCP MEDIA, INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2015	
Mailing Address 201 N. UNION ST., SUITE 200 P.O. BOX 15177		Amount 625.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.693
Purpose of Expenditure ONLINE ADVERTISING PRODUCTION	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015	
Name of Federal Candidate SCOTT WALKER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 24081.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type 	Name of Federal Candidate	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2249021.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH GILKES

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016