

# 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.   
Republican Party of Wisconsin

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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

5. Covering Period  /  /  through  /  /

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 Bob Geason

Signature of Treasurer Bob Geason [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Republican Party of Wisconsin**

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="2012"/>	<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="1733141.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2523829.17"/>	<input type="text" value="5365742.94"/>
(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="4256970.62"/>	<input type="text" value="5365742.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1172756.26"/>	<input type="text" value="3245445.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3084214.36"/>	<input type="text" value="2120297.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Republican Party of Wisconsin**

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).....	127544.80	554289.80
(ii) Unitemized .....	255822.67	1134909.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	383367.47	1689199.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21333.59	215710.22
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	404701.06	1904909.94
12. Transfers From Affiliated/Other Party Committees.....	2118282.09	3343565.12
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).....	846.02	117267.88
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))..... ▶	2523829.17	5365742.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2523829.17	5365742.94

**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 .....	3698.37	52437.18
(ii) Non-Federal Share.....	6574.89	93221.55
(b) Other Federal Operating Expenditures .....	65777.43	578555.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	76050.69	724213.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	427307.50
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1333.59	2397.14
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	33410.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2650.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	36060.00
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 .....	1095371.98	2055466.73
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	1095371.98	2055466.73
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1172756.26	3245445.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1166181.37	3152223.72

**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) .....	404701.06	1904909.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	36060.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	404701.06	1868849.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	69475.80	630992.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	846.02	117267.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68629.78	513724.47

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

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

FOR LINE NUMBER: PAGE 6 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. BARBARA C. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6008 COUNTY HIGHWAY K  
 City State Zip Code  
 BRODHEAD WI 53520-9228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 09 / 13 / 2012  
**Transaction ID : SA11.844393**  
 Amount of Each Receipt this Period  
 500.00

**B. JOHN W. ARDINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 375 STATE ROAD 67; APT 252B  
 City State Zip Code  
 DOUSMAN WI 53118-9646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11.844297**  
 Amount of Each Receipt this Period  
 50.00

**C. PAUL C. ASPINWALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 QUAIL RIDGE ROAD  
 City State Zip Code  
 MADISON WI 53717-1071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IBM PROCESS ARCHITECT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842420**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 327  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. GEORGE C. AVENT**

Mailing Address P.O. BOX 210

City State Zip Code  
KINGSTREE SC 29556-0210

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 18 / 2012  
**Transaction ID : SA11.843594**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. HELEN AYERS**

Mailing Address 724 EASY 1000 NORTH ROAD

City State Zip Code  
BEMENT IL 61813

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012  
**Transaction ID : SA11.842421**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. CHARLES E. AYRES**

Mailing Address 485 PESCARDERO AVENUE

City State Zip Code  
TRACY CA 95376-2047

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012  
**Transaction ID : SA11.844122**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ROBERT O. BAKER**

Mailing Address **832 NORTH 6TH STREET, APT 415**

City **SHEBOYGAN** State **WI** Zip Code **53081-4198**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.840432**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. PAUL J. BALFE**

Mailing Address **853 ACORN RIDGE**

City **WHITEWATER** State **WI** Zip Code **53190-2959**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 07 / 2012**  
**Transaction ID : SA11.841492**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. MR. JOHN A. BAST**

Mailing Address **1608 MORNING GLORY DRIVE**

City **HARTFORD** State **WI** Zip Code **53027-9100**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**09 / 05 / 2012**  
**Transaction ID : SA11.840148**

Amount of Each Receipt this Period  
**100.00**

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

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



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

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

FOR LINE NUMBER: PAGE 9 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. THEODORE BATTERMAN**

Mailing Address 6911 STATE ROAD 83

City State Zip Code  
HARTLAND WI 53029-8553

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11.845657**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. GEORGIA J. BAUWENS**

Mailing Address 18870 ALTA VISTA DRIVE

City State Zip Code  
BROOKFIELD WI 53045-4885

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : SA11.846580**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. GORDON BELLIS**

Mailing Address 175 ALMENDRAL AVENUE

City State Zip Code  
ATHERTON CA 94027-4003

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : SA11.844123**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 327  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. THOMAS BENTLEY**

Mailing Address 4080 NORTH PORT WASHINGTON ROAD

City State Zip Code  
MILWAUKEE WI 53212-1132

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

Name of Employer Occupation  
BENTLEY WORLD PACKAGING BUSINESS OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844531**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. HELEN M. BERGMAN**

Mailing Address 11341 ASPEN DRIVE

City State Zip Code  
PLYMOUTH MI 48170-4526

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842560**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. ROY U. BILLINGS**

Mailing Address 16156 GREENWOOD ROAD

City State Zip Code  
MONTE SERENO CA 95030-3019

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.845710**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 11 OF 327  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. THOMAS J. BILLINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 WEST RIVERCREST DRIVE  
 City HOUSTON State TX Zip Code 77042-2135  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841066**  
 Amount of Each Receipt this Period  
 1000.00

**B. BETTY BLAKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 KINGS MILL ROAD  
 City COLUMBIA State SC Zip Code 29206-3131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840634**  
 Amount of Each Receipt this Period  
 250.00

**C. SARAH J. BLOCKHUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address E2480 QUAIL RUN  
 City EAU CLAIRE State WI Zip Code 54701-9451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.845926**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **2518 NORTH TERRACE AVENUE**

City **MILWAUKEE**      State **WI**      Zip Code **53211-3820**

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

Name of Employer **FOLEY & LARDNER LLP**      Occupation **ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 07 / 2012**  
**Transaction ID : SA11.841507**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. FRED BOWES**

Mailing Address **705 WOODLAND ROAD**

City **KOHLER**      State **WI**      Zip Code **53044-1223**

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

Name of Employer **WISPERION ADVISORS, LLC**      Occupation **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.840637**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**C. WILLIAM F. BOWLES**

Mailing Address **1910 NORTH CARRIER PARKWAY**

City **GRAND PRAIRIE**      State **TX**      Zip Code **75050-1801**

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

Name of Employer **SELF-EMPLOYED**      Occupation **ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**09 / 12 / 2012**  
**Transaction ID : SA11.842577**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **575.00**

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

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

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

FOR LINE NUMBER: PAGE 13 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. LAURA BRUMM**

Mailing Address **N106 LANGE ROAD**

City State Zip Code  
**GENOA CITY WI 53128-1929**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**235.00**

Date of Receipt  
**09 / 13 / 2012**

**Transaction ID : SA11.844547**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. SUSAN V. BRUNOFF**

Mailing Address **334 WEST CEDAR STREET**

City State Zip Code  
**NEW HOLLAND PA 17557-1202**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**270.00**

Date of Receipt  
**09 / 28 / 2012**

**Transaction ID : SA11.846927**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. ELIZABETH MALLINCKRODT BRYDEN**

Mailing Address **1WEST 67TH STREET APT 611**

City State Zip Code  
**NEW YORK NY 10023-6200**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**285.00**

Date of Receipt  
**09 / 17 / 2012**

**Transaction ID : SA11.845134**

Amount of Each Receipt this Period  
**105.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **205.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ELIZABETH MALLINCKRODT BRYDEN**  
 Mailing Address 1WEST 67TH STREET APT 611  
 City State Zip Code  
 NEW YORK NY 10023-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : SA11.846695**  
 Amount of Each Receipt this Period  
 105.00

Full Name (Last, First, Middle Initial)  
**B. PETER J. BUCHAKLIAN**  
 Mailing Address 4716 SHORT ROAD  
 City State Zip Code  
 RACINE WI 53402-9780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SMALL BUSINESS OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : SA11.840119**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. ROBERT M. BUCHTA**  
 Mailing Address 328 LAKEWOOD BOULEVARD  
 City State Zip Code  
 MADISON WI 53704-5918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 238.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842596**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 355.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 327  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. TOM BUCKINGHAM**

Mailing Address P.O. BOX 593

City State Zip Code  
BOYLSTON MA 01505-0593

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 13 / 2012  
**Transaction ID : SA11.844848**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. MR. JOSEPH BUSKA**

Mailing Address 903 GRAND AVENUE

City State Zip Code  
ROTHSCHILD WI 54474-1065

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 12 / 2012  
**Transaction ID : SA11.842475**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. MR. JOSEPH BUSKA**

Mailing Address 903 GRAND AVENUE

City State Zip Code  
ROTHSCHILD WI 54474-1065

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 12 / 2012  
**Transaction ID : SA11.842602**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. PRISCILLA W. CALLAWAY**

Mailing Address 3051 LAKE FOREST DRIVE

City State Zip Code  
AUGUSTA GA 30909-3027

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : SA11.843908**

Amount of Each Receipt this Period  
130.00

Full Name (Last, First, Middle Initial)  
**B. LEONARD J. CAPOBIANCO**

Mailing Address 2946 MANOR DRIVE

City State Zip Code  
OSHKOSH WI 54904-9253

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

Name of Employer Occupation  
RETIRED PASTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : SA11.846710**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. ANNE CARPENTER**

Mailing Address 3 FOXTAIL CIRCLE

City State Zip Code  
ENGLEWOOD CO 80113-4125

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : SA11.843614**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 880.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 327  
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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. HERBERT C. CHILDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 271 VILLAGE LANE  
 City BENNINGTON State VT Zip Code 05201-9824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.844901**  
 Amount of Each Receipt this Period  
 150.00

**B. GEORGIA H. CLARIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14791 CAMINITO ORENSE ESTE  
 City SAN DIEGO State CA Zip Code 92129-1532  
 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842618**  
 Amount of Each Receipt this Period  
 300.00

**C. WENDELL W. CLEMENTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 922 SOUTH TIGRES TRAIL  
 City COTTONWOOD State AZ Zip Code 86326-6348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844561**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JON CLUMPNER**

Mailing Address **4249 BAY VIEW DRIVE**

City **STURGEON BAY**      State **WI**      Zip Code **54235-9097**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 10 / 2012**  
**Transaction ID : SA11.842240**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. ALAN D. COBB**

Mailing Address **77 WENDOVER WAY**

City **BEDFORD**      State **NH**      Zip Code **03110-6056**

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 ▼  
**700.00**

Date of Receipt  
**09 / 24 / 2012**  
**Transaction ID : SA11.846293**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**C. ALAN D. COBB**

Mailing Address **77 WENDOVER WAY**

City **BEDFORD**      State **NH**      Zip Code **03110-6056**

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 ▼  
**700.00**

Date of Receipt  
**09 / 27 / 2012**  
**Transaction ID : SA11.846637**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. THOMAS G. COFFEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 7TH AVENUE SOUTH  
 City NAPLES State FL Zip Code 34102-6857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840654**  
 Amount of Each Receipt this Period  
 300.00

**B. J THOMAS COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6715 HILLCREST DRIVE  
 City MILWAUKEE State WI Zip Code 53213-2325  
 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 ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : SA11.843922**  
 Amount of Each Receipt this Period  
 1000.00

**C. WILLIAM S. CONKLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 BIG FOOT  
 City FONTANA State WI Zip Code 53125-1176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACKSON STORAGE PROPERTIES Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842295**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ANNE B. COURTNEY**

Mailing Address 5966 NORTH LAKE DRIVE

City State Zip Code  
MILWAUKEE WI 53217-4628

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

Name of Employer Occupation  
Courtney Industrial Battery Chair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : SA11.840170**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. ROBERT COWEN**

Mailing Address 9617 NORTH JUUNIPER CIRCLE

City State Zip Code  
MEQUON WI 53092-6215

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842637**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. RONALD W. CRABTREE**

Mailing Address 1911 BUCKEYE STREET NORTHEAST

City State Zip Code  
NEW PHILADELPHIA OH 44663-9448

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842638**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 21 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MARILYN B. DAHL**

Mailing Address **96 LAKE STREET**

City **OSHKOSH**      State **WI**      Zip Code **54901-5441**

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  
**09 / 10 / 2012**

**Transaction ID : SA11.842382**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. JOHN H. DANNER III**

Mailing Address **3926 HIDDEN TRAIL**

City **ONEIDA**      State **WI**      Zip Code **54155-8971**

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**09 / 21 / 2012**

**Transaction ID : SA11.845360**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**C. MR. RUSS M. DARROW JR.**

Mailing Address **4664 CEDAR PARK DRIVE**

City **WEST BEND**      State **WI**      Zip Code **53095-9147**

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

Name of Employer **N/A**      Occupation **CHAIRMAN & CEO**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**09 / 20 / 2012**

**Transaction ID : SA11.844378**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 22 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JAMES E. DAVIS**

Mailing Address **615 SOUTH LAKE SHORE DRIVE**

City State Zip Code  
**LAKE GENEVA WI 53147-2124**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 07 / 2012**

**Transaction ID : SA11.841539**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. HELEN R. DECKER**

Mailing Address **P.O. BOX 170009**

City State Zip Code  
**ARLINGTON TX 76003-0009**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
**09 / 24 / 2012**

**Transaction ID : SA11.846159**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. ADA TERESA DECOLLEY**

Mailing Address **P.O. BOX 296**

City State Zip Code  
**BOQUERON PR 00622-0296**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**09 / 12 / 2012**

**Transaction ID : SA11.842655**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1125.00**

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

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

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

FOR LINE NUMBER: PAGE 23 OF 327  
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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. DUNCAN C. DELHEY**

Mailing Address **W264S7300 KINGS PEAK COURT**

City State Zip Code  
**WAUKESHA WI 53189-9645**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS** **LAWYER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**09 / 04 / 2012**

**Transaction ID : SA11.840661**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. MANUEL C. DIAZ**

Mailing Address **26401 WOUTHEAST 107TH AVENUE**

City State Zip Code  
**HOMESTEAD FL 33032**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS** **FARMER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 24 / 2012**

**Transaction ID : SA11.846122**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. CRAIG DICKMAN**

Mailing Address **2914 WESTLINE ROAD**

City State Zip Code  
**GREEN BAY WI 54313-8264**

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

Name of Employer Occupation  
**PAPER TRANSPORT** **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**09 / 28 / 2012**

**Transaction ID : SA11.846783**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 24 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MR. ERWIN DOHMEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5110 COUNTRY CLUB BEACH ROAD  
 City PORT WASHINGTON State WI Zip Code 53074-9642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11.844313**  
 Amount of Each Receipt this Period  
 250.00

**B. SCOTT THOMAS DORO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1208 BAYSHORE LANE  
 City DELAFIELD State WI Zip Code 53018-1608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844584**  
 Amount of Each Receipt this Period  
 250.00

**C. WILLIAM G. DOSSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5307 MOCKINGBIRD ROAD  
 City GREENSBORO State NC Zip Code 27406-7909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845139**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 25 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ROBERT T. DRY**

Mailing Address 8030 FRANKFORD ROAD; APT 401

City State Zip Code  
DALLAS TX 75252-6843

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842676**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. ROBERT E. DUNLAP**

Mailing Address 847 FAIRVIEW DRIVE

City State Zip Code  
HARTFORD WI 53027-2317

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841554**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. HAROLD H. EMCH**

Mailing Address 2505 EAST BRADFORD AVENUE, APT 320

City State Zip Code  
MILWAUKEE WI 53211-4264

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : SA11.840003**

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. EDWARD C. EMMA**

Mailing Address 1144 SIENA CIRCLE

City LAKE GENEVA      State WI      Zip Code 53147

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

Name of Employer JOCKEY      Occupation PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841303**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. HAL A. ENGER**

Mailing Address 3840 CADDEN WAY

City SAN DIEGO      State CA      Zip Code 92117-4412

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : SA11.843944**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. LANE A. ERKE**

Mailing Address 18305 BENINGTON DRIVE

City BROOKFIELD      State WI      Zip Code 53045-5418

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

Name of Employer NEVERANDO PHARMACY LLC      Occupation CEO

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  
 09 / 24 / 2012  
**Transaction ID : SA11.846395**

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 10439 PAYETTE DRIVE

City State Zip Code  
WHITTIER CA 90603-2426

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

Name of Employer Occupation  
CALIFORNIA CONSTRUCTION MANAGEMEN PRESIDENT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 04 / 2012  
**Transaction ID : SA11.840673**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. ANTHONY J. ESPINOZA**

Mailing Address 10439 PAYETTE DRIVE

City State Zip Code  
WHITTIER CA 90603-2426

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

Name of Employer Occupation  
CALIFORNIA CONSTRUCTION MANAGEMENT IN PRESIDENT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 25 / 2012  
**Transaction ID : SA11.845941**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. CHRISTOPHER J. EVANICH**

Mailing Address 1585 BARRINGTON WOODS DRIVE

City State Zip Code  
BROOKFIELD WI 53045-2212

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

Name of Employer Occupation  
ORTHOPAEDIC SURGEON

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 14 / 2012  
**Transaction ID : SA11.843947**

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MELVINA A. EVENSON**

Mailing Address P.O. BOX 211

City State Zip Code  
COLFAX WI 54730-0211

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842013**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. DOUGLAS P. FIELDS**

Mailing Address 100 MIDWOOD ROAD

City State Zip Code  
GREENWICH CT 06830-3837

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840883**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. RICHARD B. FISHER**

Mailing Address 537 NORTH NEVILLE STREET, APT 2B

City State Zip Code  
PITTSBURGH PA 15213-2767

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

Name of Employer Occupation  
Federated Investors Investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840892**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 29 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. THOMAS C. FITZGIBBONS**

Mailing Address **9640 REDING CIRCLE**

City State Zip Code  
**DES PLAINES IL 60016-1551**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 12 / 2012**

**Transaction ID : SA11.842703**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. THOMAS FLANERY**

Mailing Address **3003 HUALAPAI MOUNTAIN RAOD, LOT 9**

City State Zip Code  
**KINGMAN AZ 86401-5390**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 04 / 2012**

**Transaction ID : SA11.841010**

Amount of Each Receipt this Period  
**250.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. JOHN FLECKENSTEIN**

Mailing Address **W260N2914 STEEPLECHASE DRIVE**

City State Zip Code  
**PEWAUKEE WI 53072-4576**

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

Name of Employer Occupation  
**SYSTEMS ENGINEER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 26 / 2012**

**Transaction ID : SA11.846468**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **600.00**

**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 30 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. GERALD FORSYTHE</b>		Date of Receipt 09 / 12 / 2012 <b>Transaction ID : SA11.843510</b>
Mailing Address 1111 WILLIS AVENUE		Amount of Each Receipt this Period 1000.00
City WHEELING	State IL	Zip Code 60090-5816
FEC ID number of contributing federal political committee. C		
Name of Employer INDECK ENERGY SERVICES INC	Occupation EXECTUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. GERALD J. FOSTER</b>		Date of Receipt 09 / 25 / 2012 <b>Transaction ID : SA11.845839</b>
Mailing Address 140 RIDGE ROAD, APT. 3		Amount of Each Receipt this Period 200.00
City WALWORTH	State WI	Zip Code 53184-9520
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C. LEONARD FOSTER</b>		Date of Receipt 09 / 12 / 2012 <b>Transaction ID : SA11.842711</b>
Mailing Address 1316 GRINNELL DRIVE		Amount of Each Receipt this Period 50.00
City RICHARDSON	State TX	Zip Code 75081-5919
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 31 OF 327  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. DOROTHY FRIEDMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2430

City PALOS VERDES PENINSULA	State CA	Zip Code 90274-8430
--------------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

**Transaction ID : SA11.845947**

Amount of Each Receipt this Period  
200.00

**B. NATHAN P. GABLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5930 CONSERVANCY DRIVE

City NEW BERLIN	State WI	Zip Code 53151-6049
--------------------	-------------	------------------------

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

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

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
09	/	07	/	2012

**Transaction ID : SA11.841578**

Amount of Each Receipt this Period  
500.00

**C. CHERYL A. GANSER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2453 COUNTY HIGHWAY K

City HARTFORD	State WI	Zip Code 53027-8704
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11.841403**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> 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 32 OF 327
	<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)  
**Republican Party of Wisconsin**

**A. THOMAS F. GEBHARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 19480 WEST GREENFIELD AVENUE

City BROOKFIELD State WI Zip Code 53045-3857

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

Name of Employer ABBOTT MGMT Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2012  
Transaction ID : SA11.846481

Amount of Each Receipt this Period 150.00

**B. JOHN M. GILCHRIST**  
Full Name (Last, First, Middle Initial)

Mailing Address 2013 MESQUITE COURT

City CARLSBAD State CA Zip Code 92009-6883

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2012  
Transaction ID : SA11.840905

Amount of Each Receipt this Period 250.00

**C. ERIC L. GILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 366 KENT STREET

City MISHICOT State WI Zip Code 54228-9774

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

Name of Employer Occupation SAFTEY SUPERVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2012  
Transaction ID : SA11.840489

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

**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 33 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. THOMAS N. GODFREY**

Mailing Address 950 COUNTY HIGHWAY QQ; APT 152

City WAUPACA      State WI      Zip Code 54981-8279

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 ▼  
410.00

Date of Receipt  
 09 / 10 / 2012  
**Transaction ID : SA11.842026**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. PHOEBE J. GOFF**

Mailing Address W2960 LAFOLLETTE ROAD

City NEOSHO      State WI      Zip Code 53059-9712

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 ▼  
210.00

Date of Receipt  
 09 / 04 / 2012  
**Transaction ID : SA11.840684**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. STEVE GRAFF**

Mailing Address 805 LONE TREE ROAD

City ELM GROVE      State WI      Zip Code 53122-2014

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 09 / 04 / 2012  
**Transaction ID : SA11.840687**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00

**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 34 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. STEVE GRAFF**

Mailing Address 805 LONE TREE ROAD

City State Zip Code  
ELM GROVE WI 53122-2014

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842749**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. MARJORIE GRAGE**

Mailing Address 935 MARSHALL ROAD

City State Zip Code  
NEW RICHMOND WI 54017-1426

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

Name of Employer Occupation  
GUINN, VINOPAL AND ZAHRACKA BOOKKEEPER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840688**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. GARY A. GROENKE**

Mailing Address 526 - 74TH STREET

City State Zip Code  
KENOSHA WI 53143-5568

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

Name of Employer Occupation  
DESIGN PARTNERS GRAPHIC DESINGER

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  
 09 / 04 / 2012  
**Transaction ID : SA11.840993**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 35 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. RICHARD P. GROSSMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11702 WEST MEQUON ROAD, 112N  
 City MEQUON State WI Zip Code 53097-2811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841093**  
 Amount of Each Receipt this Period  
 500.00

**B. IVAN J. GRUETZMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address E8791 GRUETZMACHER ROAD  
 City NEW LONDON State WI Zip Code 54961-8764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841608**  
 Amount of Each Receipt this Period  
 100.00

**C. GORDON H. GUNNLAUGSSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31818 MUSCOVY ROAD  
 City HARTLAND State WI Zip Code 53029-9707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.844950**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 36 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ROBERT S. HABER**

Mailing Address 1998 RUSTIC TIMBERS LANE

City State Zip Code  
PRESCOTT AZ 86303-4936

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843360**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. GARY HAGSTROM**

Mailing Address 10430 EAGLE LAKE ROAD

City State Zip Code  
IRON RIVER WI 54847-4555

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843361**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C. J KERN HAMILTON**

Mailing Address 800 BLOSSOM HILL ROAD; UNITE E324

City State Zip Code  
LOS GATOS CA 95032-3568

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : SA11.843650**

Amount of Each Receipt this Period  
150.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 327
	<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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MARILYN S. HANKE**

Mailing Address 4133 SOUTH BURRELL STREET

City	State	Zip Code
MILWAUKEE	WI	53207-4405

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

Name of Employer	Occupation
Retired	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 07 / 2012**

**Transaction ID : SA11.841612**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. ERIC HANKINS**

Mailing Address P.O. BOX 412

City	State	Zip Code
CLINTON	MO	64735-0412

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

Name of Employer	Occupation
HANKINS GRAIN COMPANY	MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2012**

**Transaction ID : SA11.842768**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**C. BRYAN C. HANSON**

Mailing Address N1715 COUNTY ROAD E

City	State	Zip Code
WATERTOWN	WI	53098-3966

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

Name of Employer	Occupation
MID-STATE EQUIPMENT	OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

**Transaction ID : SA11.845957**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>550.00</b>
<b>TOTAL</b> 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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MARY ANN HANSON**

Mailing Address 3740 MOUNTAIN DRIVE

City State Zip Code  
BROOKFIELD WI 53045-1440

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840697**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. SCOTT HAPP**

Mailing Address 8610 WEST HAWTHRONE ROAD

City State Zip Code  
MEQUON WI 53097-2010

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

Name of Employer Occupation  
MONTAGEBOT LLC CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11.844237**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. JANICE HARD**

Mailing Address 10 SEVEN SPRINGS DRIVE

City State Zip Code  
READING PA 19607-9766

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

Name of Employer Occupation  
CORPORATE EXEC PENSKE TRUCKING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845144**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00

**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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. GROVE S. HATCH**

Mailing Address 14901 FREELAND STREET

City State Zip Code  
DETROIT MI 48227-2976

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842773**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. THOMAS J. HAUSKE**

Mailing Address 4845 MUELLER LANE

City State Zip Code  
WEST BEND WI 53095-9263

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842511**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. MARILYN HAYDEN**

Mailing Address 352 DEEPWOOD ROAD

City State Zip Code  
BARRINGTON IL 60010-8618

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840996**

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10650.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. RUTH C. HEDLUNDBERGGREN**

Mailing Address 1013 - 1/2 WEST COMMERCIAL STREET

City State Zip Code  
APPLETON WI 54914-3654

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

Name of Employer Occupation  
Occupation RED CROSS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.845962**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. ROBERT D. HEGWOOD**

Mailing Address S79 W36855 WILTON RD

City State Zip Code  
EAGLE WI 53119-1300

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

Name of Employer Occupation  
CCI OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844627**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. CHARLES H. HEIDE**

Mailing Address 5825 6TH PLACE

City State Zip Code  
KENOSHA WI 53144-7216

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : SA11.846628**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. WILLIAM H. HEISLER JR.**

Mailing Address **3841 ELLA LEE LANE**

City **HOUSTON**      State **TX**      Zip Code **77027-4020**

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

Name of Employer **HEISLER EXPLORATION LLC**      Occupation **PETROLEUM ENGINEER/OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 04 / 2012**

**Transaction ID : SA11.841000**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. JOHN HENDERSON**

Mailing Address **9 OAKTRACE STREET**

City **BEAUMONT**      State **TX**      Zip Code **77706-2554**

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**375.00**

Date of Receipt  
**09 / 04 / 2012**

**Transaction ID : SA11.840700**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. JOHN HENDERSON**

Mailing Address **9 OAKTRACE STREET**

City **BEAUMONT**      State **TX**      Zip Code **77706-2554**

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**375.00**

Date of Receipt  
**09 / 21 / 2012**

**Transaction ID : SA11.845460**

Amount of Each Receipt this Period  
**275.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **875.00**

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. DEAN HENNEN**

Mailing Address 2430 OCEAN VIEW AVENUE; APT 301

City State Zip Code  
LOS ANGELES CA 90057-1884

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

Name of Employer Occupation  
CITY NATIONAL BANKING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844629**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. VERN D. HIGBERG**

Mailing Address 13520 WILLOWBANK LANE

City State Zip Code  
ALPHARETTA GA 30004-3638

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.845963**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. RALPH HINGISS**

Mailing Address 117 NORTH 74TH STREET

City State Zip Code  
MILWAUKEE WI 53213-3626

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841931**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

**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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. KENNETH HOWARD**

Mailing Address **6597 NORTH OAK RIDGE ROAD**

City **EVANSVILLE** State **WI** Zip Code **53536-8305**

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 ▼ **450.00**

Date of Receipt  
**09 / 25 / 2012**  
**Transaction ID : SA11.845897**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. WILLIAM F. IGOE**

Mailing Address **476 MUNROE AVENUE**

City **SLEEPY HOLLOW** State **NY** Zip Code **10591-1622**

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 ▼ **210.00**

Date of Receipt  
**09 / 14 / 2012**  
**Transaction ID : SA11.844129**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. WILLIAM F. IGOE**

Mailing Address **476 MUNROE AVENUE**

City **SLEEPY HOLLOW** State **NY** Zip Code **10591-1622**

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 ▼ **210.00**

Date of Receipt  
**09 / 25 / 2012**  
**Transaction ID : SA11.845885**

Amount of Each Receipt this Period  
**50.00**

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

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JAMES ISAACS**

Mailing Address **220 CLARK DRIVE**

City **SAN MATEO**      State **CA**      Zip Code **94402-1005**

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

Name of Employer      Occupation  
**EVP SALES**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 26 / 2012**  
**Transaction ID : SA11.846500**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. KURT JACOBSON**

Mailing Address **W2841 SCHMALZ CIRCLE**

City **APPLETON**      State **WI**      Zip Code **54915-8144**

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

Name of Employer      Occupation  
**AMUSEMENT DEVICES**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 24 / 2012**  
**Transaction ID : SA11.846081**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. JANET F. JENNEY**

Mailing Address **4 BEACON STREET**

City **MATTAPOISETT**      State **MA**      Zip Code **02739-2003**

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

Name of Employer      Occupation  
**RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 25 / 2012**  
**Transaction ID : SA11.845685**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. STEPHAN JENSEN**

Mailing Address P.O. BOX 303

City WAUNAKEE      State WI      Zip Code 53597-0303

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

Name of Employer Owens & Minor      Occupation Driver

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2012  
**Transaction ID : SA11.840359**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. TODD R. JOHNSON**

Mailing Address N17308 NORTH 4TH STREET

City GALESVILLE      State WI      Zip Code 54630-8500

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

Name of Employer      Occupation CRNA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842068**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. CHARLES E. JORDAN**

Mailing Address 1800 NORTH PROSPECT AVENUE; APT 13

City MILWAUKEE      State WI      Zip Code 53202-3071

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.844981**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. CURTIS JORGENSON**

Mailing Address **2017 CANTERBURY ROAD**

City **MADISON** State **WI** Zip Code **53711-3947**

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

Name of Employer Occupation  
**INSURANCE CLAIMS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 26 / 2012**  
**Transaction ID : SA11.846479**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. GERALD J. KAISER**

Mailing Address **P.O. BOX 266**

City **TWO RIVERS** State **WI** Zip Code **54241-0266**

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

Name of Employer Occupation  
**DIRECTOR OF SALES AND SERVICE ASIA P**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**09 / 21 / 2012**  
**Transaction ID : SA11.845655**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. GEORGIA L. KASCH**

Mailing Address **3414 P CIRCLE**

City **WASHOUGAL** State **WA** Zip Code **98671-5196**

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

Name of Employer Occupation  
**DENTIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**09 / 13 / 2012**  
**Transaction ID : SA11.844821**

Amount of Each Receipt this Period  
**500.00**

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

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

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

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

FOR LINE NUMBER: PAGE 47 OF 327  
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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JERRY R. KEENE**

Mailing Address **617 LAKE STREET**

City **TOMAH**      State **WI**      Zip Code **54660-1434**

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

Name of Employer **BOX CLEANERS AND LAUNDRY**      Occupation **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 18 / 2012**

**Transaction ID : SA11.843791**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. MARY R. KILLINGSTAD**

Mailing Address **20675 CYPRESS RANCH**

City **CASTRO VALLEY**      State **CA**      Zip Code **94552-2654**

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

Name of Employer **WESTERN HYDRO CORPORATION**      Occupation **DIRECTOR OF HUMAN RESOURCES**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 24 / 2012**

**Transaction ID : SA11.846132**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. JOHN B. KINKEAD**

Mailing Address **693 MONTCALM PLACE**

City **SAINT PAUL**      State **MN**      Zip Code **55116-1745**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 14 / 2012**

**Transaction ID : SA11.843808**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **1050.00**

**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 48 OF 327
	<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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ADELINE KITT**

Mailing Address **7720 OAK AVENUE**

City **GARY** State **IN** Zip Code **46403-1363**

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

Name of Employer **RESPITE CARE SERVICES** Occupation **SUPPORT AIDE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 26 / 2012**

**Transaction ID : SA11.846458**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. DAVID J. KLEINDL**

Mailing Address **1222 WEST CIRCLE DRIVE**

City **BEAVER DAM** State **WI** Zip Code **53916-1208**

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 ▼ **220.00**

Date of Receipt  
**09 / 06 / 2012**

**Transaction ID : SA11.840428**

Amount of Each Receipt this Period  
**70.00**

Full Name (Last, First, Middle Initial)  
**C. SUSAN T. KNUEPPEL**

Mailing Address **1528 EAST COLLEY ROAD**

City **BELOIT** State **WI** Zip Code **53511-9760**

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

Name of Employer Occupation **MATERIALS MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**09 / 10 / 2012**

**Transaction ID : SA11.842303**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **770.00**

**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 49 OF 327
	(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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. CHARLES P. KOEHLER</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2012 <b>Transaction ID : SA11.841258</b>
Mailing Address 5511 CHESTNUT LANE		Amount of Each Receipt this Period 250.00
City MC FARLAND	State WI	Zip Code 53558-8902
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN C. KOSS</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2012 <b>Transaction ID : SA11.841091</b>
Mailing Address 1492 WEST CALUMENT COURT		Amount of Each Receipt this Period 1000.00
City MILWAUKEE	State WI	Zip Code 53217-3334
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. PAUL R. KOSTERMAN</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2012 <b>Transaction ID : SA11.840447</b>
Mailing Address 1775 - 18TH AVENUE		Amount of Each Receipt this Period 75.00
City HAMMOND	State WI	Zip Code 54015-5403
FEC ID number of contributing federal political committee. C		
Name of Employer US ARMY	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1325.00
<b>TOTAL</b> 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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JOHN D. KOVACIK**

Mailing Address **20830 HIGHWAY G**

City **ASHLAND**      State **WI**      Zip Code **54806**

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 ▼ **360.00**

Date of Receipt  
**09 / 17 / 2012**  
**Transaction ID : SA11.844994**

Amount of Each Receipt this Period  
**90.00**

Full Name (Last, First, Middle Initial)  
**B. BRENDA KOZINSKI**

Mailing Address **1531 WEST LARKSPUR LANE**

City **MILWAUKEE**      State **WI**      Zip Code **53217-2122**

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

Name of Employer      Occupation **SCHOOL CARE PROVIDER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt  
**09 / 14 / 2012**  
**Transaction ID : SA11.844003**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. JOHN C. KRAFT**

Mailing Address **N49W28619 CHARDON DRIVE**

City **HARTLAND**      State **WI**      Zip Code **53029-9161**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 12 / 2012**  
**Transaction ID : SA11.842870**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **290.00**

**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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES F. KRESS**

Mailing Address P.O. BOX 19017

City GREEN BAY      State WI      Zip Code 54307-9017

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

Name of Employer GREEN BAY PKG. COMPANY      Occupation PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 13 / 2012**

**Transaction ID : SA11.844663**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. GREGORY M. KRON**

Mailing Address 14625 WEST PARK AVENUE

City NEW BERLIN      State WI      Zip Code 53151-2373

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

Name of Employer ZYGER CORPORATION      Occupation ELECTRICAL ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2012**

**Transaction ID : SA11.842877**

Amount of Each Receipt this Period  
**160.00**

Full Name (Last, First, Middle Initial)  
**C. ALAN KRUMHOLZ**

Mailing Address W5516 SOUTHDALE DRIVE

City LA CROSSE      State WI      Zip Code 54601-7147

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

Name of Employer MSCH      Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2012**

**Transaction ID : SA11.840477**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **460.00**

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ALAN KRUMHOLZ**

Mailing Address **W5516 SOUTHDALE DRIVE**

City **LA CROSSE** State **WI** Zip Code **54601-7147**

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

Name of Employer **MSCH** Occupation **PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.840514**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. DENNIS J. KUESTER**

Mailing Address **10 SEAGATE DRIVE 3-5**

City **NAPLES** State **FL** Zip Code **34103-2419**

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  
**09 / 05 / 2012**  
**Transaction ID : SA11.840305**

Amount of Each Receipt this Period  
**5000.00**

Full Name (Last, First, Middle Initial)  
**C. GEORGE J. KUMMETH**

Mailing Address **728 PINE PLACE**

City **RICE LAKE** State **WI** Zip Code **54868-2378**

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 ▼ **1500.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.840720**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **5600.00**

**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **728 PINE PLACE**

City **RICE LAKE**      State **WI**      Zip Code **54868-2378**

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 ▼  
**1500.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.840903**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. JAMES A. LA VEA**

Mailing Address **2579 SPANISH RIVER ROAD**

City **BOCA RATON**      State **FL**      Zip Code **33432-8130**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**09 / 12 / 2012**  
**Transaction ID : SA11.843511**

Amount of Each Receipt this Period  
**2500.00**

Full Name (Last, First, Middle Initial)  
**C. RALPH H. LAEDTKE**

Mailing Address **1352 - 43RD COURT**

City **WASHOUGAL**      State **WA**      Zip Code **98671-8611**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 12 / 2012**  
**Transaction ID : SA11.842887**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2900.00**

**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 54 OF 327
	(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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. KIM LORRAE LARSEN</b>		Date of Receipt
Mailing Address 333 SOO LINE ROAD		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
HUDSON	WI	54016-8143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.846389</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	HOME EDUCATOR	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KIM LORRAE LARSEN</b>		Date of Receipt
Mailing Address 333 SOO LINE ROAD		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
HUDSON	WI	54016-8143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.846988</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	HOME EDUCATOR	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. NICHOLAS LASHWAY</b>		Date of Receipt
Mailing Address 6330 WEST EUCLID AVENUE		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
MILWAUKEE	WI	53219-4232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.842898</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
OLD REPUBLIC RISK MANAGEMENT	ACCOUNTING MANAGER	<input type="text" value="145.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="245.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="445.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 55 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ELEANOR D. LEE**

Mailing Address 1930 WEST RIVER BEND COURT

City State Zip Code  
MEQUON WI 53092-2925

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841706**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. DAVID A. LENZ**

Mailing Address 1600 ASPEN COMMONS; SUITE 200

City State Zip Code  
MIDDLETON WI 53562-4770

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

Name of Employer Occupation  
THE NORTH CENTRAL GROUP CHAIRMAN

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  
 09 / 19 / 2012  
**Transaction ID : SA11.844189**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. HERBERT ALAN LEVIN**

Mailing Address 724 EAST GRINNEL DRIVE

City State Zip Code  
BURBANK CA 91501-1720

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

Name of Employer Occupation  
LAWYER DOJ CALIFORNIA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843369**

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.00

**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 56 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. HERBERT ALAN LEVIN**

Mailing Address **724 EAST GRINNEL DRIVE**

City **BURBANK**      State **CA**      Zip Code **91501-1720**

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

Name of Employer **LAWYER**      Occupation **DOJ CALIFORNIA**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA11.846864**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. STUART A. LEVY**

Mailing Address **9509 NORTH WAKEFIELD COURT**

City **MILWAUKEE**      State **WI**      Zip Code **53217-1245**

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

Name of Employer **PULMONARY MEDICINE CONSUL**      Occupation **PHYSICIAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2012**

**Transaction ID : SA11.841710**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. MARJORIE K. LINDSEY**

Mailing Address **10202 DUTCH IRIS DRIVE**

City **BAKERSFIELD**      State **CA**      Zip Code **93311-3770**

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 ▼ **450.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2012**

**Transaction ID : SA11.840725**

Amount of Each Receipt this Period  
**50.00**

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

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



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

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

FOR LINE NUMBER: PAGE 57 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MARJORIE K. LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10202 DUTCH IRIS DRIVE  
 City BAKERSFIELD State CA Zip Code 93311-3770  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842921**  
 Amount of Each Receipt this Period  
 100.00

**B. MARJORIE K. LINDSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10202 DUTCH IRIS DRIVE  
 City BAKERSFIELD State CA Zip Code 93311-3770  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2012  
**Transaction ID : SA11.846207**  
 Amount of Each Receipt this Period  
 100.00

**C. EDWARD A. LOUIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 NORTH WREN AVENUE  
 City PALATINE State IL Zip Code 60067-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842926**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. HENRY MADLEY**

Mailing Address **3648 - 62ND AVENUE EAST**

City **BRADENTON**      State **FL**      Zip Code **34203-5429**

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 ▼  
**410.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.840732**

Amount of Each Receipt this Period  
**60.00**

Full Name (Last, First, Middle Initial)  
**B. HENRY MADLEY**

Mailing Address **3648 - 62ND AVENUE EAST**

City **BRADENTON**      State **FL**      Zip Code **34203-5429**

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 ▼  
**410.00**

Date of Receipt  
**09 / 24 / 2012**  
**Transaction ID : SA11.846323**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. THOMAS O. MAGNETTI**

Mailing Address **317 EAST PROSPECT AVENUE**

City **STATE COLLEGE**      State **PA**      Zip Code **16801-5450**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**09 / 18 / 2012**  
**Transaction ID : SA11.843684**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **360.00**

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. GENE E. MALLINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15242 CASEY CIRCLE  
 City State Zip Code  
 BROOKFIELD WI 53005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 METAL-ERA INC OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : SA11.844171**  
 Amount of Each Receipt this Period  
 1000.00

**B. ROGER MANSUKHANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 WEST BROADWAY, SUITE 2000  
 City State Zip Code  
 SAN DIEGO CA 92101-8221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GORDON & REES LLP ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841001**  
 Amount of Each Receipt this Period  
 250.00

**C. PHILIP W. MARKGREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N5652 WHITE OAK CIRCLE  
 City State Zip Code  
 SPOONER WI 54801-8492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SPOONER BAKE SHOPPE BAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : SA11.840125**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1350.00  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JOHN F. MARSHALL**

Mailing Address 8787 BAY COLONY DRIVE #503

City State Zip Code  
 NAPLES FL 34108-0782

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 18 / 2012  
**Transaction ID : SA11.843687**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. JOHN R. MARSHALL**

Mailing Address 2127 LAURA COURT

City State Zip Code  
 WAUKESHA WI 53186-2849

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 09 / 17 / 2012  
**Transaction ID : SA11.845009**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. GARRY MATZ**

Mailing Address P.O. BOX 386

City State Zip Code  
 ELKHART LAKE WI 53020-0386

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

Name of Employer Occupation  
 PLAYCO CORP PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 04 / 2012  
**Transaction ID : SA11.840999**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. WILLIAM P. MCDEVITT**

Mailing Address **P.O. BOX 1793**

City **OSHKOSH**      State **WI**      Zip Code **54903-1793**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 25 / 2012**  
**Transaction ID : SA11.845773**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. MILDRED ROY MCELLIGOTT**

Mailing Address **127 SHANNON ROAD**

City **LAFAYETTE**      State **LA**      Zip Code **70503-3510**

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

Name of Employer **MACRO OIL COMPANIES**      Occupation **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt  
**09 / 12 / 2012**  
**Transaction ID : SA11.843445**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. MILDRED ROY MCELLIGOTT**

Mailing Address **127 SHANNON ROAD**

City **LAFAYETTE**      State **LA**      Zip Code **70503-3510**

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

Name of Employer **MACRO OIL COMPANIES**      Occupation **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**650.00**

Date of Receipt  
**09 / 24 / 2012**  
**Transaction ID : SA11.846120**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **800.00**

**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 62 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. HOWARDINE M. MCINNIS**

Mailing Address 1630 - 43RD AVENUE EAST, APT 1208

City State Zip Code  
SEATTLE WA 98112-6222

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844469**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. DAVID MILLER**

Mailing Address 9789 NE MURDEN COVE DRIVE

City State Zip Code  
BAINBRIDGE ISLAND WA 98110-1332

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : SA11.844195**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. HAROLD E. MILLER**

Mailing Address 1426 SALEM LANE SOUTHWEST

City State Zip Code  
ROCHESTER MN 55902-6646

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841735**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 327  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. LENORE MILLER**

Mailing Address **8756 HONEY CREEK ROAD**

City **OSHKOSH**      State **WI**      Zip Code **54904**

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 ▼  
**450.00**

Date of Receipt  
**09 / 18 / 2012**  
**Transaction ID : SA11.843767**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. JOHN M. MITCHELL**

Mailing Address **W2205 COUNTY ROAD J**

City **MUKWONAGO**      State **WI**      Zip Code **53149-1868**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 17 / 2012**  
**Transaction ID : SA11.845027**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. STEVE MOORE**

Mailing Address **5910 NORTH MONROE AVENUE**

City **FRESNO**      State **CA**      Zip Code **93723-9309**

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

Name of Employer **STEVE MOORE RANCH**      Occupation **FARMER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 17 / 2012**  
**Transaction ID : SA11.845224**

Amount of Each Receipt this Period  
**500.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 327
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. JACK G. MORELAND**

Mailing Address P.O. BOX 742

City State Zip Code  
HAYWARD WI 54843-0742

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2012

**Transaction ID : SA11.842242**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. DAVID E. MULLINS**

Mailing Address 340 HIDDEN CREEK CIRCLE

City State Zip Code  
SPARTANBURG SC 29306-6672

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : SA11.841089**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. EUGENE F. MURPHY**

Mailing Address 46 CENTRAL DRIVE

City State Zip Code  
MANHASSET NY 11030-1450

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : SA11.840748**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 65 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. PATRICK B. MURRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1225 SAINT PAUL AVENUE  
 City SAINT PAUL State MN Zip Code 55116-2708  
 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  
 09 / 10 / 2012  
**Transaction ID : SA11.842127**  
 Amount of Each Receipt this Period  
 500.00

**B. MICHAEL F. NACHTWEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N6223 STATE ROAD 47  
 City BLACK CREEK State WI Zip Code 54106-7921  
 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  
 09 / 07 / 2012  
**Transaction ID : SA11.841746**  
 Amount of Each Receipt this Period  
 100.00

**C. MARIAN NASGOVITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4470 NORTH LAKE DRIVE  
 City SHOREWOOD State WI Zip Code 53211-1775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARTLAND FUNDS Occupation FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : SA11.846876**  
 Amount of Each Receipt this Period  
 10000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 10600.00  
**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 66 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MR. WILLIAM J. NASGOVITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4470 NORTH LAKE DRIVE  
 City Shorewood State WI Zip Code 53211-1775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation INVESTMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 27 / 2012  
**Transaction ID : SA11.846532**  
 Amount of Each Receipt this Period 10000.00

**B. MR. SCOTT A. NAZE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1832 TALLGRASS CIRCLE  
 City Waukesha State WI Zip Code 53188-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation CEO  
 SECURITY INSURANCE SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2012  
**Transaction ID : SA11.840997**  
 Amount of Each Receipt this Period 250.00

**C. DELOS NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 MOUNT WASHINGTON AVENUE  
 EAU CLAIRE  
 City EAU CLAIRE State WI Zip Code 54703-5912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 12 / 2012  
**Transaction ID : SA11.843010**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 10350.00  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. GREGORY H. NETTESHEIM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 262 WEST GRAND AVENUE  
 City WISCONSIN RAPIDS State WI Zip Code 54495-2765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRAZEAU, WEFEL, KRYSHAK & NETTESHEIM Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 07 / 2012  
**Transaction ID : SA11.841751**  
 Amount of Each Receipt this Period 150.00

**B. KEITH J. NIEMUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 SILVERWOOD LANE  
 City NEENAH State WI Zip Code 54956-1940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DISABLED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2012  
**Transaction ID : SA11.843018**  
 Amount of Each Receipt this Period 100.00

**C. SHANNON L. NIENAST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address M223 WINTERBERRY CIRCLE  
 City MARSHFIELD State WI Zip Code 54449-8239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WISCONSIN HOMES INC Occupation GENERAL MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 17 / 2012  
**Transaction ID : SA11.845034**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MRS. MARY ELLEN NITZSCHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N68W23880 LAURIE LANE  
 City State Zip Code  
 SUSSEX WI 53089-2715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AURORA HEALTH CARE CASH APPLICATION REP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841061**  
 Amount of Each Receipt this Period  
 200.00

**B. MARY L. OLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1511 SUMMIT DRIVE  
 City State Zip Code  
 WAUSAU WI 54401-2545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845039**  
 Amount of Each Receipt this Period  
 75.00

**C. SAN W. ORR JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX  
 City State Zip Code  
 WAUSAU WI 54402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WAUSAU-MOSINEE PAPER CORPORATION CHAIRMAN  
 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  
 09 / 25 / 2012  
**Transaction ID : SA11.845671**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5275.00  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. CHRISTOPHER OWEN**

Mailing Address **4294 EAST ULLAN ROAD**

City **SUPERIOR** State **WI** Zip Code **54880-8078**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.841101**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. MR. DAVID E. PACE**

Mailing Address **E6918 SKI HILL ROAD**

City **REEDSBURG** State **WI** Zip Code **53959-9200**

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

Name of Employer **PACE IND.** Occupation **CEO**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 06 / 2012**  
**Transaction ID : SA11.840358**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**C. JOHN A. PAGIN**

Mailing Address **104 WAYNE STREET; P.O. BOX 86**

City **HOWE** State **IN** Zip Code **46746-0086**

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  
**09 / 12 / 2012**  
**Transaction ID : SA11.843039**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **800.00**

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. GEORGE O. PFAFF**

Mailing Address 16 BEAVER CREEK LANE

City ASHEVILLE      State NC      Zip Code 28804-2765

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012  
**Transaction ID : SA11.840764**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. SAMUEL D. PIERSON**

Mailing Address 52 HILLCREST ROAD

City MANCHESTER      State CT      Zip Code 06040-7011

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

Name of Employer CEO      Occupation ABAPGI INC.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2012  
**Transaction ID : SA11.846387**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. MRS. DOROTHY A. PLAUTZ**

Mailing Address W241N2511 EAST PARKWAY MEADOW CIRC

City PEWAUKEE      State WI      Zip Code 53072-5864

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 ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2012  
**Transaction ID : SA11.840253**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 71 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JEFFREY C. PLIER**

Mailing Address 14 NORTH HILL ROAD

City WAUSAU      State WI      Zip Code 54403-3671

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

Name of Employer WAUSAU CONTAINER CORP      Occupation SALES

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  
09 / 04 / 2012  
**Transaction ID : SA11.841100**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. SETH BRADLEY POLLEN**

Mailing Address 2120 UNIVERSITY AVE. #411

City MADISON      State WI      Zip Code 53726-2349

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

Name of Employer UNIVERSITY OF WISCONSIN      Occupation TEACHING ASSISTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2012  
**Transaction ID : SA11.845127**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C. TAMARA R. PORSCHE**

Mailing Address 10532 NORTH WOOD CREST DRIVE

City MEQUON      State WI      Zip Code 53092-5995

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

Name of Employer ORACLE      Occupation DIRECTOR

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  
09 / 04 / 2012  
**Transaction ID : SA11.841064**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 72 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. PHILLIP JAY PROCTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 W. STATE ST.  
 City BURLINGTON State WI Zip Code 53105-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAUSMANN-JOHNSON Occupation INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11.844380**  
 Amount of Each Receipt this Period  
 250.00

**B. TIMOTHY U. PRUETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4992 ARTHUR ROAD  
 City SLINGER State WI Zip Code 53086-9529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841304**  
 Amount of Each Receipt this Period  
 250.00

**C. VICKIE A. PRUTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8477 BAY COLONY DRIVE; UNIT 1800  
 City NAPLES State FL Zip Code 34108-0743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840769**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 73 OF 327  
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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. DOUGLAS E. RADLOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 680  
 City State Zip Code  
 SCHOFIELD WI 54476-0680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.846033**  
 Amount of Each Receipt this Period  
 250.00

**B. JAMES RAFFEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 NORTH 24TH STREET  
 City State Zip Code  
 SHEBOYGAN WI 53081-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841783**  
 Amount of Each Receipt this Period  
 200.00

**C. JOAN B. RAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 972 EAST CAMINO DIESTRO  
 City State Zip Code  
 TUCSON AZ 85704-7694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843513**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 327
	<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)  
**Republican Party of Wisconsin**

**A. WILLIAM L. RANDALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1850 WEST HIDDEN RESERVE COURT, AP

City MEQUON	State WI	Zip Code 53092-5566
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : SA11.844249**

Amount of Each Receipt this Period  
100.00

**B. MARY REGAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1140 SOUTH SPRINGDALE ROAD

City WAUKESHA	State WI	Zip Code 53186-1416
------------------	-------------	------------------------

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

Name of Employer SPRINT	Occupation NATIONAL ACCOUNTS MANAGER
----------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11.841954**

Amount of Each Receipt this Period  
200.00

**C. JEFFREY J. REINKEMEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address N4096 DUCK CREEK ROAD

City HELENVILLE	State WI	Zip Code 53137-9609
--------------------	-------------	------------------------

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

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

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
09	/	05	/	2012

**Transaction ID : SA11.840260**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JAMES REUL**

Mailing Address **2845 - 22ND AVENUE**

City **RICE LAKE** State **WI** Zip Code **54868-9048**

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

Name of Employer Occupation  
**FARMER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**09 / 04 / 2012**  
**Transaction ID : SA11.840835**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. DONALD E. RICHARDS**

Mailing Address **P.O. BOX 310**

City **MINONG** State **WI** Zip Code **54859-0310**

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

Name of Employer Occupation  
**BUSINESS OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 13 / 2012**  
**Transaction ID : SA11.844854**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. GRIFFITH RICHARD**

Mailing Address **P.O. BOX 91610**

City **LAFAYETTE** State **LA** Zip Code **70509-1610**

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

Name of Employer Occupation  
**INVESTOR**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 12 / 2012**  
**Transaction ID : SA11.843088**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **950.00**

**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 76 OF 327
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. CHARLES F. RIETZ**

Mailing Address 1220 EASTHILL DRIVE

City WAUSAU State WI Zip Code 54403-9223

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2012**

**Transaction ID : SA11.840776**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. JOHN N. RIGSBY**

Mailing Address 9013 POINT CYPRESS DRIVE

City ORLANDO State FL Zip Code 32836-5475

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 ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2012**

**Transaction ID : SA11.845059**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. LYND A. ROBINSON**

Mailing Address 2010 PORTS O CALL STREET

City GRANBURY State TX Zip Code 76048-6176

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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 18 / 2012**

**Transaction ID : SA11.843718**

Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> 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 77 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. PAUL J. ROLLER**

Mailing Address 1550 GREENWAY TERRACE

City State Zip Code  
ELM GROVE WI 53122-1611

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841348**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. ROBERT J. ROSE**

Mailing Address P.O. BOX 1725

City State Zip Code  
RANCHO SANTA FE CA 92067-1725

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843095**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. ROBERT J. ROSE**

Mailing Address P.O. BOX 1725

City State Zip Code  
RANCHO SANTA FE CA 92067-1725

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : SA11.846654**

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 327
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	<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)  
**Republican Party of Wisconsin**

**A. WILLIAM M. ROSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3208 CASCADIA AVENUE SOUTH

City SEATTLE	State WA	Zip Code 98144-7000
-----------------	-------------	------------------------

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

Name of Employer AUSKANCOPPER	Occupation MANAGER
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11.846040**

Amount of Each Receipt this Period  
250.00

**B. ROBERT M. RYNES**  
Full Name (Last, First, Middle Initial)

Mailing Address 413 NORTH CHURCH STREET

City RICHLAND CENTER	State WI	Zip Code 53581-1808
-------------------------	-------------	------------------------

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

Name of Employer KILT DEVELOPER	Occupation AREA DEVELOPER
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012

**Transaction ID : SA11.841112**

Amount of Each Receipt this Period  
50.00

**C. Todd Sauey**  
Full Name (Last, First, Middle Initial)

Mailing Address 1396 Pineview Drive

City Reedsburg	State WI	Zip Code 53959
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

**Transaction ID : Sa1155555555**

Amount of Each Receipt this Period  
500.00

IN-KIND: OFFICE SPACE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 79 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. FRANCIS SCHAECHER**

Mailing Address 100 WISCONSIN AVENUE APT 903

City MADISON State WI Zip Code 53703-4172

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11.845639**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. SHIRLEE SCHAMS**

Mailing Address N1881 HILLVIEW DRIVE

City LA CROSE State WI Zip Code 54601-2614

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.845711**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. DARRELL H. SCHERWINSKI**

Mailing Address 3420 ROYAL OAK DRIVE

City PLOVER State WI Zip Code 54467-3783

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841810**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 80 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JAMES E. SCHNEIDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1902 SKYLINE DR  
 City State Zip Code  
 STOUGHTON WI 53589-3254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CLARCOPR INDUSTRIES SALES CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2012  
**Transaction ID : SA11.846512**  
 Amount of Each Receipt this Period  
 250.00

**B. JIM & DARLA D. SCHNEIDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W303N3161 TIMBER HILL CT  
 City State Zip Code  
 PEWAUKEE WI 53072-4265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : SA11.840268**  
 Amount of Each Receipt this Period  
 300.00

**C. JEAN SCHOTT-WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2209 S MEMORIAL PL  
 City State Zip Code  
 SHEBOYGAN WI 53081-3715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DOCTOR SELF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11.845523**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 81 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. WALTER R. SCHWARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8220 HARWOOD AVENUE; APT 338  
 City State Zip Code  
 MILWAUKEE WI 53213-2580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841826**  
 Amount of Each Receipt this Period  
 50.00

**B. MR. MICHAEL J. SCRIVNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7971 OWENS RD  
 City State Zip Code  
 MINOCQUA WI 54548-9576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-FINANCIAL SERVICES CPA  
 INDEPENDENCE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840998**  
 Amount of Each Receipt this Period  
 250.00

**C. MR. MICHAEL J. SCRIVNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7971 OWENS RD  
 City State Zip Code  
 MINOCQUA WI 54548-9576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-FINANCIAL SERVICES INDEPENDENC CPA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842182**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 327
	(check only one)	
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<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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. GIL D. SEDOR**

Mailing Address **91 SOUTH HURON DRIVE**

City <b>JANESVILLE</b>	State <b>WI</b>	Zip Code <b>53545-2256</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

**Transaction ID : SA11.842183**

Amount of Each Receipt this Period  

250.00
--------

Full Name (Last, First, Middle Initial)  
**B. JACK M. SEGAL**

Mailing Address **12214 ANNS CHOICE WAY**

City <b>WARMINSTER</b>	State <b>PA</b>	Zip Code <b>18974-3493</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : SA11.846814**

Amount of Each Receipt this Period  

250.00
--------

Full Name (Last, First, Middle Initial)  
**C. J S. SENSENBRENNER JR.**

Mailing Address **P.O. BOX 67**

City <b>NEENAH</b>	State <b>WI</b>	Zip Code <b>54957-0067</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SA11.846533**

Amount of Each Receipt this Period  

1000.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</b>
<b>TOTAL</b> 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 83 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. LYNNE SEVERSON**

Mailing Address **9304 KIDDER ROAD**

City **EDGERTON** State **WI** Zip Code **53534-9011**

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

Name of Employer Occupation  
**GENERAL MANAGER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 19 / 2012**  
**Transaction ID : SA11.844203**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. GUY SMITH**

Mailing Address **W5554 BLACKFRIAR ROAD**

City **BLACK CREEK** State **WI** Zip Code **54106-8480**

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

Name of Employer Occupation  
**SUBURBAN ELECTRICAL ENGINEERING CEO**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 13 / 2012**  
**Transaction ID : SA11.844805**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. JERALD A. SMITH**

Mailing Address **3418 HEPBURN CIRCLE**

City **STOCKTON** State **CA** Zip Code **95209-3912**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 19 / 2012**  
**Transaction ID : SA11.844204**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

**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 84 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MARTIN R. SMITH**

Mailing Address P.O. BOX 1

City State Zip Code  
RHINELANDER WI 54501

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

Name of Employer Occupation  
FOSTER AND SMITH VETERINARIAN

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  
 09 / 12 / 2012  
**Transaction ID : SA11.843319**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. JAMES SPEAKER**

Mailing Address 3605 WEST GRACE AVENUE

City State Zip Code  
MEQUON WI 53092-2758

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

Name of Employer Occupation  
JW SPEAKER CORP CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841092**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. ROBERT SPIVEY**

Mailing Address 2167 TRAILSIDE LANE

City State Zip Code  
DE PERE WI 54115-7131

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843393**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

**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 85 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. DON C. SPRINGER**

Mailing Address P.O. BOX 448

City State Zip Code  
HUDSON WI 54016-0448

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

Name of Employer Occupation  
VIKING ELECTRONCIS MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843512**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. MRS. GLYNNE L. STAFSLIEN**

Mailing Address 1016 RUTLEDGE COURT

City State Zip Code  
JANESVILLE WI 53545-1345

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841844**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. DORIS M. STANWICK**

Mailing Address 1325 VALLEY RIDGE DRIVE

City State Zip Code  
BROOKFIELD WI 53005-5536

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.840891**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 86 OF 327
	<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)  
**Republican Party of Wisconsin**

**A. HOLLY G. STARCK**  
Full Name (Last, First, Middle Initial)

Mailing Address N1597 COUNTRYSIDE LANE

City LAKE GENEVA	State WI	Zip Code 53147-4010
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

**Transaction ID : SA11.843161**

Amount of Each Receipt this Period  
100.00

**B. KIMBERLY L. STEINBRENNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 W VINTAGE DRIVE

City MEQUON	State WI	Zip Code 53092-6192
----------------	-------------	------------------------

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

Name of Employer J ARTHUR LTD	Occupation INVESTMENT ADVISOR
----------------------------------	----------------------------------

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
09	/	10	/	2012

**Transaction ID : SA11.842271**

Amount of Each Receipt this Period  
500.00

**C. J P. STERRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 18947 KILFINAN STREET

City PORTER RANCH	State CA	Zip Code 91326-1019
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

**Transaction ID : SA11.845888**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 87 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JESSE C. STINSON**

Mailing Address 1241 - 51ST STREET SOUTH

City State Zip Code  
BIRMINGHAM AL 35222-3922

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : SA11.844088**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. JUDITH E. STOWELL**

Mailing Address 15280 PEPPERWOOD DRIVE

City State Zip Code  
OMAHA NE 68154-1859

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

Name of Employer Occupation  
PROJECT MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844399**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. DALE R. STRATZ**

Mailing Address 308 BISCHOFF STREET

City State Zip Code  
FOND DU LAC WI 54935-2564

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841065**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**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 88 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. STANLEY STRELKA**

Mailing Address 12366 NORTH RIVER ROAD

City State Zip Code  
MEQUON WI 53092-2222

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

Name of Employer Occupation  
AGENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2012  
**Transaction ID : SA11.846348**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. GENE STUNZ**

Mailing Address 255 SOUTH CAPITOL BOULEVARD; #1405

City State Zip Code  
BOISE ID 83702-7292

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843183**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. MR. LAWRENCE W. STYS**

Mailing Address 1810 NEWBERRY LANE

City State Zip Code  
RACINE WI 53402-5528

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11.841856**

Amount of Each Receipt this Period  
100.00

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

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



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

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

FOR LINE NUMBER: PAGE 89 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. DENNIS T. SWIECICHOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 PRAIRIE RUN  
 City GRAFTON State WI Zip Code 53024-1177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VEOLIA SOLUTIONS Occupation CONTROLLER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843186**  
 Amount of Each Receipt this Period  
 300.00

**B. MRS. DAWN A. TABAT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4410 S. HILLVIEW DR.  
 City NEW BERLIN State WI Zip Code 53146-3502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENERAC POWER SYSTEMS Occupation CHIEF OPERATIONS OFFICER AND EX. VIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.845907**  
 Amount of Each Receipt this Period  
 1000.00

**C. MARK E. TASLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15420 EAST GREYSTONE DRIVE  
 City FOUNTAIN HILLS State AZ Zip Code 85268-4946  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845199**  
 Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 3300.00  
**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 90 OF 327
	<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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. BRAD F. TAYLOR**

Mailing Address 3014 WOODS EDGE WAY

City MADISON State WI Zip Code 53711-5153

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11.841347

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. JANICE TAYLOR**

Mailing Address 290 BRANDYWINE DRIVE

City COLORADO SPRINGS State CO Zip Code 80906-7666

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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012

Transaction ID : SA11.843194

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WAYNE A. TOENJES**

Mailing Address 1104 FLINTS ROAD

City WAUSAU State WI Zip Code 54401-9049

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

Name of Employer Occupation MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012

Transaction ID : SA11.840803

Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 690.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ELIZABETH K. TOULON**

Mailing Address P.O. BOX 666

City State Zip Code  
KOLOA HI 96756-0666

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : SA11.846760**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. ROBERT S. TROTH**

Mailing Address 3003 GULF SHORE BOULEVARD, APT 301

City State Zip Code  
NAPLES FL 34103-3912

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.842443**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. DR. PAUL V. TUTTLE**

Mailing Address 5210 BLACKSTOCK ROAD

City State Zip Code  
SHEBOYGAN WI 53083-2207

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

Name of Employer Occupation  
THE SHEBOYGAN CLINIC PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843302**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 92 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. FRANK T. TYLLA**

Mailing Address 3712 SPRUCE STREET

City State Zip Code  
RACINE WI 53403-3776

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2012  
**Transaction ID : SA11.846575**

Amount of Each Receipt this Period  
120.00

Full Name (Last, First, Middle Initial)  
**B. HENRY A. TYROCH**

Mailing Address 7715 COLONY STREET

City State Zip Code  
HOUSTON TX 77036-6009

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2012  
**Transaction ID : SA11.846121**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. FRANK E. TYSON**

Mailing Address 12543 WEST MORELAND ROAD

City State Zip Code  
HAYWARD WI 54843-4525

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843222**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 720.00

**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 93 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. BRADFORD VAIL**

Mailing Address 415 SOUTH FERRY DRIVE

City LAKE MILLS      State WI      Zip Code 53551-1528

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2012  
**Transaction ID : SA11.840349**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. POLLY H. VAN DYKE**

Mailing Address 9040 NORTH BAYSIDE DRIVE

City MILWAUKEE      State WI      Zip Code 53217-1913

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842379**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. BARABARA E. VANAMBERG**

Mailing Address 101 NEWBERRY LANE

City HOWELL      State MI      Zip Code 48843-9567

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 ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843235**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1270.00

**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. GORDON VELDBOOM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 SOUTH 9TH STREET  
 City OOSTBURG State WI Zip Code 53070-1372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845108**  
 Amount of Each Receipt this Period  
 250.00

**B. JUDITH A. WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7625 WEST WARNIMONT AVENUE  
 City MILWAUKEE State WI Zip Code 53220-1181  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11.843244**  
 Amount of Each Receipt this Period  
 100.00

**C. ROBERT H. WALKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 FOREST STREET  
 City LEWISBURG State TN Zip Code 37091-3738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11.845361**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 95 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. SUMIE Y. WARD**

Mailing Address P.O. BOX 78

City State Zip Code  
PENRYN CA 95663-0078

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

Name of Employer Occupation  
SELF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845114**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. NANCY D. WARNICK**

Mailing Address 192 PRITCHARD DR.

City State Zip Code  
PALM COAST FL 32164-7181

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

Name of Employer Occupation  
NONE NONE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845200**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. KENNETH D. WEAVER**

Mailing Address P.O. BOX 84

City State Zip Code  
GLENMOORE PA 19343-0084

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : SA11.844107**

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 96 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JOHN W. WEBB**

Mailing Address 1130 EASTHILL DRIVE

City WAUSAU      State WI      Zip Code 54403-9224

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842221**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. AMY J. WEISS**

Mailing Address 10035 EAST REFLECTING MOUNTAIN WAY

City SCOTTSDALE      State AZ      Zip Code 85262-2886

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  
 09 / 07 / 2012  
**Transaction ID : SA11.841893**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. MRS. MARION WELSH**

Mailing Address P.O. BOX 6

City MOUNT HOPE      State WI      Zip Code 53816-0006

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 ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841114**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 580.00

**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 97 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. DONALD E. WENDORFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5314 WEST TERRY AVENUE  
 City MILWAUKEE State WI Zip Code 53223-3066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 07 / 2012  
**Transaction ID : SA11.841975**  
 Amount of Each Receipt this Period 100.00

**B. HOWARD WILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N9242 SOUTH SHORE DRIVE  
 City EAST TROY State WI Zip Code 53120-2178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2012  
**Transaction ID : SA11.846359**  
 Amount of Each Receipt this Period 200.00

**C. KAY WILLIAMSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 492 KEKUPUA STREET  
 City HONOLULU State HI Zip Code 96825-2306  
 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 ▼ 234.80

Date of Receipt 09 / 04 / 2012  
**Transaction ID : SA11.840817**  
 Amount of Each Receipt this Period 234.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 534.80  
**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 98 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. LUCIA B. WILSON**

Mailing Address 1900 SEAN COURT

City State Zip Code  
BROOKFIELD WI 53045-4840

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 10 / 2012  
**Transaction ID : SA11.842228**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. MARION S. YERKES**

Mailing Address 3679 BLACKFOOT COURT

City State Zip Code  
GRANDVILLE MI 49418-1721

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 13 / 2012  
**Transaction ID : SA11.844803**

Amount of Each Receipt this Period  
80.00

Full Name (Last, First, Middle Initial)  
**C. JOHN B. ZBIHLEY**

Mailing Address 2513 MINTON DRIVE

City State Zip Code  
MOON TOWNSHIP PA 15108-9207

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

Name of Employer Occupation  
ON DEMAND ENERGY EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 17 / 2012  
**Transaction ID : SA11.845209**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1480.00

**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 99 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. FOREST COUNTY POTAWATOMI COMMUNITY**  
 Mailing Address PO 340  
 City CRANDON State WI Zip Code 54520  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841251**  
 Amount of Each Receipt this Period  
 4500.00

Full Name (Last, First, Middle Initial)  
**B. HO-CHUNK NATION**  
 Mailing Address PO BOX 640  
 City BLACK RIVER FALLS State WI Zip Code 54615-0640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11.841252**  
 Amount of Each Receipt this Period  
 4000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	127544.80

**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 100 OF 327
<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)  
**Republican Party of Wisconsin**

**A. DUFFY FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 538

City WAUSAU	State WI	Zip Code 54402
FEC ID number of contributing federal political committee. <b>C</b> C00464339		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.00	

Date of Receipt  
09 / 04 / 2012  
**Transaction ID : SA11C.456**

Amount of Each Receipt this Period  
55.11

IN-KIND: OFFICE UTILITIES

**B. DUFFY FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 538

City WAUSAU	State WI	Zip Code 54402
FEC ID number of contributing federal political committee. <b>C</b> C00464339		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3842.00	

Date of Receipt  
09 / 27 / 2012  
**Transaction ID : SA11C333**

Amount of Each Receipt this Period  
509.36

IN-KIND: OFFICE RENT/UTILITIES

**C. RIBBLE FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 7200

City APPLETON	State WI	Zip Code 54912
FEC ID number of contributing federal political committee. <b>C</b> C00463620		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2045.00	

Date of Receipt  
09 / 27 / 2012  
**Transaction ID : SA11C2323**

Amount of Each Receipt this Period  
769.12

IN-KIND: OFFICE RENT/UTILITIES

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1333.59
<b>TOTAL</b> 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 101 OF 327
<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)  
**Republican Party of Wisconsin**

**A. ACPAC AUTOMOBILE CLUB PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 AUTO CLUB DRIVE  
City DEARBORN State MI Zip Code 48126-4213  
FEC ID number of contributing federal political committee. **C** C00197103  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012  
**Transaction ID : SA11.845324**  
Amount of Each Receipt this Period  
1500.00

**B. HCR MANOR CARE PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 N SUMMIT ST/ PO BOX 10086  
City TOLEDO State OH Zip Code 43699-0086  
FEC ID number of contributing federal political committee. **C** C00260141  
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  
09 / 27 / 2012  
**Transaction ID : SA11.846775**  
Amount of Each Receipt this Period  
2000.00

**C. INTEGRYS ENERGY GROUP PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 130 E RANDOLPH ST  
City CHICAGO State IL Zip Code 60601-6207  
FEC ID number of contributing federal political committee. **C** C00442707  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012  
**Transaction ID : SA11.845325**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 102 OF 327
<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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MARATHON PETROLEUM CORP EMPLOYEES PAC**

Mailing Address **539 SOUTH MAIN ST  
RM 2635**

City **FINDLAY** State **OH** Zip Code **45840-3229**

FEC ID number of contributing federal political committee. **C C00496307**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**09 / 24 / 2012**

**Transaction ID : SA11.846089**

Amount of Each Receipt this Period  
**2500.00**

Full Name (Last, First, Middle Initial)  
**B. PLS GOOD NEIGHBOR**

Mailing Address **PO BOX 7519**

City **CHICAGO** State **IL** Zip Code **60680-7519**

FEC ID number of contributing federal political committee. **C C00450189**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**09 / 14 / 2012**

**Transaction ID : SA11.844149**

Amount of Each Receipt this Period  
**5000.00**

Full Name (Last, First, Middle Initial)  
**C. Thrivent Financial for Lutherans Employee PAC**

Mailing Address **PO BOX 1892**

City **Appleton** State **WI** Zip Code **54912**

FEC ID number of contributing federal political committee. **C C00121319**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**09 / 14 / 2012**

**Transaction ID : SA11C3**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8500.00</b>
<b>TOTAL</b> 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 103 OF 327
<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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. UNION PACIFIC CORP. FUND FOR EFFECTIVE**

Mailing Address 600 13TH ST NW SUITE 340  
SUITE 340

City WASHINGTON State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

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  
09 / 05 / 2012

**Transaction ID : SA11.839962**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. UNITED HEALTH GROUP INC PAC**

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343-0000

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : SA11.846088**

Amount of Each Receipt this Period  
2500.00

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21333.59

**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 104 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. FOUNDERS COMMITTEE</b>		Date of Receipt
Mailing Address 228 S WASHINGTON ST STE 115		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b> C00495077		<b>Transaction ID : SA1266</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="3478.64"/>
Aggregate Year-to-Date ▼ <input type="text" value="3478.64"/>		Transfer of Joint Fundraising Proceeds

Full Name (Last, First, Middle Initial) <b>B. TARGET STATE VICTORY FUND</b>		Date of Receipt
Mailing Address 1609 SHOAL CREEK BLVD SUITE 203		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City AUSTIN	State TX	Zip Code 78701-1022
FEC ID number of contributing federal political committee. <b>C</b> C00521708		<b>Transaction ID : SA11.841249</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="73596.58"/>
Aggregate Year-to-Date ▼ <input type="text" value="73596.58"/>		Transfer of Joint Fundraising Proceeds

Full Name (Last, First, Middle Initial) <b>C. CLYDE ANDERSON</b>		Date of Receipt
Mailing Address 2832 BALMORAL ROAD		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City BIRMINGHAM	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA12.81</b>
Name of Employer		Occupation
BOOKS A MILLION		EXECUTIVE CHAIRMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="267.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="267.00"/>		FOUNDERS JFC RECEIPT
		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="77075.22"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. STEPHEN D BECHTEL JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 193809  
 City SAN FRANCISCO State CA Zip Code 94119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE FREMONT GROUP Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1450.00**

Date of Receipt **09 / 21 / 2012**  
**Transaction ID : SA12.14**  
 Amount of Each Receipt this Period **1450.00**  
 FOUNDERS JFC RECEIPT  
**[MEMO ITEM]**

**B. MANUEL H JOHNSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10045 RENFREW AVE  
 City VERO BEACH State FL Zip Code 32963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JOHNSON SMICK INTERNATIONAL Occupation ECONOMIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **267.00**

Date of Receipt **09 / 19 / 2012**  
**Transaction ID : SA12.51**  
 Amount of Each Receipt this Period **267.00**  
 FOUNDERS JFC RECEIPT  
**[MEMO ITEM]**

**C. MARY W JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10045 RENFREW AVE  
 City VERO BEACH State FL Zip Code 32963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **267.00**

Date of Receipt **09 / 19 / 2012**  
**Transaction ID : SA12.6**  
 Amount of Each Receipt this Period **267.00**  
 FOUNDERS JFC RECEIPT  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 106 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. ROBERT V PENNINGTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 RED COAT PASS  
City DARIEN State CT Zip Code 06820  
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 ▼ 446.00

Date of Receipt 09 / 25 / 2012  
**Transaction ID : SA12.13**  
Amount of Each Receipt this Period 446.00  
FOUNDERS JFC RECEIPT  
**[MEMO ITEM]**

**B. MARY JORDAN SAUNDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 812 PARK AVENUE 2C  
City NEW YORK State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation HOMEMAKER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 446.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA12.9**  
Amount of Each Receipt this Period 446.00  
FOUNDERS JFC RECEIPT  
**[MEMO ITEM]**

**C. THOMAS A SAUNDERS III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 812 PARK AVENUE 2C  
City NEW YORK State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IVOR & COMPANY LLC Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 446.00

Date of Receipt 09 / 20 / 2012  
**Transaction ID : SA12.8**  
Amount of Each Receipt this Period 446.00  
FOUNDERS JFC RECEIPT  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 107 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. JOHN J SIE</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012
Mailing Address 21 SANDY LAKE ROAD		<b>Transaction ID : SA12.23</b>
City CHERRY HILLS	State CO	Zip Code 80113
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer RETIRED	Occupation RETIRED	TARGET STATE VICTORY JFC RECEIPT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. DONALD M WILKINSON</b>		Date of Receipt MM / DD / YYYY 09 / 19 / 2012
Mailing Address 130 EAST 75TH STREET 11A		<b>Transaction ID : SA12.10</b>
City NEW YORK	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 446.00	
Name of Employer WILKINSON O'GRADY & CO	Occupation INVESTOR	FOUNDERS JFC RECEIPT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 446.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. 21ST CENTURY MAJORITY FUND</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 6065 ROSWELL RD NE 2274		<b>Transaction ID : SA12.44667</b>
City ATLANTA	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C C00361956	Amount of Each Receipt this Period 2727.27	
Name of Employer	Occupation	TARGET STATE VICTORY JFC RECEIPT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2727.27	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 108 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ALAMO PAC**

Mailing Address **919 CONGRESS AVE  
STE 1400**

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C C00387464**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **06 / 01 / 2012**

**Transaction ID : SA12.21**

Amount of Each Receipt this Period **5000.00**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. BIPARTISAN PAC**

Mailing Address **BNY MELLON CENTER  
ROOM 322**

City **PITTSBURGH** State **PA** Zip Code **15258**

FEC ID number of contributing federal political committee. **C C00017558**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.55**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : SA12.3344**

Amount of Each Receipt this Period **454.55**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. BLUEGRASS COMMITTEE**

Mailing Address **220 1/2 E STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002**

FEC ID number of contributing federal political committee. **C C00235655**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 31 / 2012**

**Transaction ID : SA12.1056**

Amount of Each Receipt this Period **5000.00**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.00</b>
<b>TOTAL</b> 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 109 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. COBHAM HOLDINGS INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 CRYSTAL DR  
 STE 625  
 City ARLINGTON State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C** C00457051  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1363.64

Date of Receipt  
 06 / 21 / 2012  
**Transaction ID : SA12.77**  
 Amount of Each Receipt this Period  
 1363.64  
 TARGET STATE VICTORY JFC RECEIPT  
**[MEMO ITEM]**

**B. COMMUNITY FINANCIAL SERVICES ASSOC OF AMERICA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 KING ST  
 STE 300  
 City ALEXANDRIA State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C** C00432534  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 909.09

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : SA12.1234**  
 Amount of Each Receipt this Period  
 909.09  
 TARGET STATE VICTORY JFC RECEIPT  
**[MEMO ITEM]**

**C. DELOITTE FEDERAL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 365  
 City WASHINGTON State DC Zip Code 20044  
 FEC ID number of contributing federal political committee. **C** C00211318  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2272.73

Date of Receipt  
 06 / 21 / 2012  
**Transaction ID : SA12.25**  
 Amount of Each Receipt this Period  
 2272.73  
 TARGET STATE VICTORY JFC RECEIPT  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 110 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. EMPLOYEES OF NORTHROP GRUMMAN CORP PAC**

Mailing Address 2980 FAIRVIEW PARK DR

City FALLS CHURCH	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1818.18

Date of Receipt: 06 / 30 / 2012  
**Transaction ID : SA12.7654**  
 Amount of Each Receipt this Period: 1818.18  
 TARGET STATE VICTORY JFC RECEIPT  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. FREE STATE PAC**

Mailing Address PO BOX 2712

City TOPEKA	State KS	Zip Code 66601
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00455717

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2012  
**Transaction ID : S12.2938**  
 Amount of Each Receipt this Period: 5000.00  
 TARGET STATE VICTORY JFC RECEIPT  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. FREEDOM FUND**

Mailing Address 701 8TH ST NW  
STE 500

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00390674

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2012  
**Transaction ID : SA12.4321**  
 Amount of Each Receipt this Period: 5000.00  
 TARGET STATE VICTORY JFC RECEIPT  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> 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 111 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. HEARTLAND VALUES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 505

City SIOUX FALLS State SD Zip Code 57101

FEC ID number of contributing federal political committee. **C** C00409003

Name of Employer Occupation

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  
 06 / 28 / 2012

**Transaction ID : SA12.2980**

Amount of Each Receipt this Period  
5000.00

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

**B. IND INSURANCE AGENTS & BROKERS OF AMERICA**

Full Name (Last, First, Middle Initial)  
Mailing Address 412 FIRST STREET SE STE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1818.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2012

**Transaction ID : SA12.5028**

Amount of Each Receipt this Period  
1818.18

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

**C. KOCH INDUSTRIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 14TH ST NW STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3181.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA12.4546**

Amount of Each Receipt this Period  
3181.82

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 112 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. NEXT CENTURY FUND**

Mailing Address 116 ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00343947**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 28 / 2012  
**Transaction ID : SA12.656**

Amount of Each Receipt this Period  
5000.00

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. NORFOLK SOUTHERN CORP GOOD GOVERNMENT FUND**

Mailing Address 3 COMMERCIAL PLACE

City NORFOLK State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
909.09

Date of Receipt  
06 / 28 / 2012  
**Transaction ID : SA12.34345**

Amount of Each Receipt this Period  
909.09

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. PRICEWATERHOUSE COOPERS PAC**

Mailing Address 1301 K STREET NW  
STE 800 W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 21 / 2012  
**Transaction ID : SA12.888**

Amount of Each Receipt this Period  
5000.00

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 113 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. RESPONSIBILITY & FREEDOM WORK PAC**

Mailing Address **PO BOX 1281**

City **TUPELO** State **MS** Zip Code **38802**

FEC ID number of contributing federal political committee. **C C00368696**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA12.199**

Amount of Each Receipt this Period **1000.00**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. ROCKTENN PAC**

Mailing Address **504 THRASHER STREET**

City **NORCROSS** State **GA** Zip Code **30071**

FEC ID number of contributing federal political committee. **C C00117424**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 31 / 2012**

**Transaction ID : SA12.3150**

Amount of Each Receipt this Period **5000.00**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. SENATE MAJORITY FUND**

Mailing Address **PO BOX 32025**

City **PHOENIX** State **AZ** Zip Code **85064**

FEC ID number of contributing federal political committee. **C C00368431**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4545.45**

Date of Receipt **06 / 28 / 2012**

**Transaction ID : SA12.333**

Amount of Each Receipt this Period **4545.45**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 114 OF 327
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. SIERRA NEVADA PAC**

Mailing Address **PO BOX 50193**

City **SPARKS** State **NV** Zip Code **89435**

FEC ID number of contributing federal political committee. **C C00367995**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.33**

Date of Receipt  
 /  /   
**Transaction ID : SA12.27**

Amount of Each Receipt this Period  
  
**TARGET STATE VICTORY JFC RECEIPT**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. SUNTRUST PAC**

Mailing Address **919 EAST MAIN STREET**

City **RICHMOND** State **VA** Zip Code **23219**

FEC ID number of contributing federal political committee. **C C00386524**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1363.64**

Date of Receipt  
 /  /   
**Transaction ID : SA12.22**

Amount of Each Receipt this Period  
  
**TARGET STATE VICTORY JFC RECEIPT**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. THE HAWKEYE PAC**

Mailing Address **PO BOX 192**

City **DES MOINES** State **IA** Zip Code **50301**

FEC ID number of contributing federal political committee. **C C00379479**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1363.64**

Date of Receipt  
 /  /   
**Transaction ID : SA12.1029**

Amount of Each Receipt this Period  
  
**TARGET STATE VICTORY JFC RECEIPT**

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. THE PAC OF THE AMERICAN STAFFING ASSOC**

Mailing Address **277 SOUTH WASHINGTON ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00145623**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.09**

Date of Receipt **07 / 31 / 2012**

**Transaction ID : S12.5867**

Amount of Each Receipt this Period **909.09**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. THE SENATE VICTORY FUND**

Mailing Address **PO BOX 7274**

City **TUPELO** State **MS** Zip Code **38802**

FEC ID number of contributing federal political committee. **C C00202861**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **06 / 29 / 2012**

**Transaction ID : SA12.89**

Amount of Each Receipt this Period **5000.00**

TARGET STATE VICTORY JFC RECEIPT

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. IDAHO REPUBLICAN PARTY**

Mailing Address **PO BOX 2267**

City **BOISE** State **ID** Zip Code **83701**

FEC ID number of contributing federal political committee. **C C00170175**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **493000.00**

Date of Receipt **09 / 11 / 2012**

**Transaction ID : SA1234**

Amount of Each Receipt this Period **493000.00**

Transfer

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>493000.00</b>
<b>TOTAL</b> 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 116 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND ST, NE

City WASHINGTON	State DC	Zip Code 20002-4914
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00027466

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	06	/	2012

**Transaction ID : SA11.840431**

Amount of Each Receipt this Period  
329000.00

Transfer

Full Name (Last, First, Middle Initial)  
**B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 2nd Street, NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00027466

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
836500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	28	/	2012

**Transaction ID : SA1545**

Amount of Each Receipt this Period  
500000.00

Transfer

Full Name (Last, First, Middle Initial)  
**C. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 First Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00003418

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1927337.10

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	30	/	2012

**Transaction ID : SA12.5**

Amount of Each Receipt this Period  
364000.00

Transfer

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1193000.00
<b>TOTAL</b> 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 117 OF 327
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1313337.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : SA12.90**

Amount of Each Receipt this Period  
100000.00

Transfer

Full Name (Last, First, Middle Initial)  
**B. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1213337.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA12.99**

Amount of Each Receipt this Period  
5206.87

IN-KIND: EQUIPMENT

Full Name (Last, First, Middle Initial)  
**C. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 First Street SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1563337.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : SA1220**

Amount of Each Receipt this Period  
250000.00

Transfer

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355206.87
<b>TOTAL</b> This Period (last page this line number only).....	2118282.09

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

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

FOR LINE NUMBER: PAGE 118 OF 327  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. BMO HARRIS**

Mailing Address 770 N WATER ST

City State Zip Code  
MILWAUKEE WI 53202-3509

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2012  
**Transaction ID : SA11.846527**

Amount of Each Receipt this Period  
325.00

Fees Refund

Full Name (Last, First, Middle Initial)  
**B. CHARTWELL STRATEGIC ADVISORS LLC**

Mailing Address 18130 LAMPLIGHTER LN

City State Zip Code  
BROOKFIELD WI 53045-4214

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

Name of Employer Occupation

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  
 09 / 27 / 2012  
**Transaction ID : SA11.846776**

Amount of Each Receipt this Period  
500.00

List Reimbursement

Full Name (Last, First, Middle Initial)  
**c. PC Nametag**

Mailing Address 124 Horizon Drive

City State Zip Code  
Verona WI 53593

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
572.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : SA15.6688**

Amount of Each Receipt this Period  
572.00

9/20 CC Pmt: office supply refund

**[MEMO ITEM]**  
REFUND

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<b>TOTAL</b> This Period (last page this line number only).....▶	825.00

**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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Todd Sauey**

Mailing Address 1396 Pineview Drive

City Reedsburg State WI Zip Code 53959

Purpose of Disbursement  
IN-KIND: OFFICE SPACE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : Sb21B9090**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Airside Shuttle**

Mailing Address 410 George J Bean Pkwy

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
9/20 CC Pmt: cab fare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : Sb21b.3499**

Amount of Each Disbursement this Period

48.41

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AirTran Airways**

Mailing Address 9955 AirTran Blvd

City Orlando State FL Zip Code 32827

Purpose of Disbursement  
9/20 CC Pmt: travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : Sb21b.233987**

Amount of Each Disbursement this Period

140.00

**[MEMO ITEM]**

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

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

500.00

**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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Airtran Airways**

Mailing Address 9955 AirTran Blvd

City Orlando State FL Zip Code 32827

Purpose of Disbursement  
9/20 CC Pmt: checked baggage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2012

Transaction ID : Sb21b17

Amount of Each Disbursement this Period

69.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS MERCHANT SERVICES**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2012

Transaction ID : SB.23

Amount of Each Disbursement this Period

7.95
------

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS MERCHANT SERVICES**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SB.24

Amount of Each Disbursement this Period

201.87
--------

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

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

209.82
--------

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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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.29**

Amount of Each Disbursement this Period

1620.00

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address P.O. BOX 5014

City CAROL STREAM State IL Zip Code 60507

Purpose of Disbursement  
9/20 CC Pmt: phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : Sb21b.5097**

Amount of Each Disbursement this Period

89.76

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. BADGERLAND CHEMICAL & SUPPLY**

Mailing Address PO BOX 620303

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.129**

Amount of Each Disbursement this Period

106.85

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

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

1726.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Mailing Address 2452 East Springs Drive

City Madison State WI Zip Code 53704

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : Sb21b6

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Blue One Transportation**

Mailing Address 1239 East Kennedy Boulevard #1

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
9/20 CC Pmt: cab fare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : Sb21b29

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Bluephies**

Mailing Address 2701 Monroe Street

City Madison State WI Zip Code 53711

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : Sb21b40

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. BMO HARRIS BANK**

Mailing Address 1 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2012

**Transaction ID : SB.2**

Amount of Each Disbursement this Period

78.16

Full Name (Last, First, Middle Initial)

**B. BMO HARRIS BANK**

Mailing Address 1 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.3**

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**C. BMO HARRIS BANK**

Mailing Address 1 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.4**

Amount of Each Disbursement this Period

45.00

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

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

168.16

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. BMO HARRIS BANK**

Mailing Address 1 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.5**

Amount of Each Disbursement this Period

69.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BMO HARRIS BANK**

Mailing Address 1 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.6**

Amount of Each Disbursement this Period

15.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Brocach Irish Pub**

Mailing Address 7 West Main Street

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2012

**Transaction ID : Sb21b9**

Amount of Each Disbursement this Period

89.92

Category/  
Type

**[MEMO ITEM]**

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

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

84.00

**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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CENTURY SPRINGS BOTTLING CO.**

Mailing Address PO BOX 275

City State Zip Code  
GENESEE DEPOT WI 53127

Purpose of Disbursement  
BOTTLED WATER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SB.9**

Amount of Each Disbursement this Period

126.25

Full Name (Last, First, Middle Initial)

**B. Chili's**

Mailing Address 5300 S Howell Ave

City State Zip Code  
Milwaukee WI 53207

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2012

**Transaction ID : SB21b14**

Amount of Each Disbursement this Period

45.10

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. City of Madison Parking**

Mailing Address 215 Martin Luther King Junior Blvd

City State Zip Code  
Madison WI 53704

Purpose of Disbursement  
9/20 CC Pmt: travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 09 / 2012

**Transaction ID : SB21b1**

Amount of Each Disbursement this Period

10.25

**[MEMO ITEM]**

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

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

126.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CVS Pharmacy**

Mailing Address West Kennedy Boulevard

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2012

**Transaction ID : SB21b15**

Amount of Each Disbursement this Period

98.74
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2012

**Transaction ID : Sb21b12399**

Amount of Each Disbursement this Period

364.10
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Delta Airlines**

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
9/20 CC Pmt: travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2012

**Transaction ID : Sb21b7**

Amount of Each Disbursement this Period

224.10
--------

**[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DELUXE BUSINESS CHECKS & SOLUTIONS**

Mailing Address PO BOX 742572

City CINCINNATI State OH Zip Code 45274

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

Transaction ID : SB.130

Amount of Each Disbursement this Period

122.11

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF WORKFORCE DEVELOPMENT**

Mailing Address PO BOX 7945

City MADISON State WI Zip Code 53707

Purpose of Disbursement UNEMPLOYMENT INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

Transaction ID : SB.351

Amount of Each Disbursement this Period

644.68

Full Name (Last, First, Middle Initial)

**C. DEPT OF WORKFORCE DEVELOPMENT**

Mailing Address PO BOX 78960

City MILWAUKEE State WI Zip Code 53707

Purpose of Disbursement UNEMPLOYMENT INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.350

Amount of Each Disbursement this Period

594.68

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

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

1361.47

**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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DEPT OF WORKFORCE DEVELOPMENT**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Mailing Address PO BOX 78960

**Transaction ID : SB.75**

City State Zip Code  
MILWAUKEE WI 53278

Amount of Each Disbursement this Period

5	0	.	0	0
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Purpose of Disbursement  
FILING FEE

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Domain Hosting Services**

Date of Disbursement

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

Mailing Address 900 W Grove Pkwy

**Transaction ID : Sb21b.4433**

City State Zip Code  
Tempe AZ 85283

Amount of Each Disbursement this Period

7	9	.	9	9
---	---	---	---	---

Purpose of Disbursement  
9/20 CC Pmt: website services

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Domino's**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	2

Mailing Address 409 W Gorham Street

**Transaction ID : Sb21b34567**

City State Zip Code  
Madison WI 53703

Amount of Each Disbursement this Period

3	0	.	4	0
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Purpose of Disbursement  
9/20 CC Pmt: food

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**[MEMO ITEM]**

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

5	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	.	0	0
---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Domino's Pizza**

Mailing Address 409 West Gorham Street

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2012

**Transaction ID : Sb21b2**

Amount of Each Disbursement this Period

50.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ELAVON MERCHANT SERVICES**

Mailing Address TWO CONCOURSE PARKWAY, SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : SB.21**

Amount of Each Disbursement this Period

67.04

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address P.O. BOX 94515

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.308**

Amount of Each Disbursement this Period

70.66

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

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

137.70

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. FEDEX OFFICE**

Mailing Address 400 North Tampa Street

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
9/20 CC Pmt: printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2012

Transaction ID : Sb21b18

Amount of Each Disbursement this Period

10.69
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FTD.com**

Mailing Address 3113 Woodcreek Drive

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement  
9/20 CC Pmt: flowers

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2012

Transaction ID : Sb21b39

Amount of Each Disbursement this Period

145.57
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. General Mitchell Airport**

Mailing Address South Howell Avenue

City Milwaukee State WI Zip Code 53207

Purpose of Disbursement  
9/20 CC Pmt: parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2012

Transaction ID : Sb21b.7167

Amount of Each Disbursement this Period

72.00
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[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. General Mitchell Airport**

Mailing Address 5300 South Howell Avenue

City Milwaukee State WI Zip Code 53207

Purpose of Disbursement  
9/20 CC Pmt: parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

Transaction ID : **Sb21b30**

Amount of Each Disbursement this Period

120.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. godaddy.com**

Mailing Address 14455 N Hayden Road

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
9/20 CC Pmt: website services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2012

Transaction ID : **SB21b101010**

Amount of Each Disbursement this Period

20.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GOGOAIR.COM**

Mailing Address 1250 N. ARLINGTON HEIGHTS RD, SUIT

City Itasca State IL Zip Code 60143

Purpose of Disbursement  
9/20 CC Pmt: internet service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

Transaction ID : **SB21B13**

Amount of Each Disbursement this Period

12.90

[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. HEINZEN PRINTING INC.**

Mailing Address P.O. BOX 267

City MARSHFIELD State WI Zip Code 54449

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.283**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hyatt Regency Tampa**

Mailing Address 211 N Tampa Street

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
9/20 CC Pmt: natl convention hotel rooms

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.21b.2323**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Hyatt Regency Tampa**

Mailing Address 211 N Tampa Street

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
9/20 CC Pmt: natl convention staff meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.21b.4545**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Hyatt Regency Tampa**

Mailing Address 211 N Tampa Street

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
9/20 CC Pmt: national convention travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

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			2	6			2	0	1	2		

Transaction ID : **Sb21b25**

Amount of Each Disbursement this Period

3	3	4	6	.	5	6
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. iContact Corporation**

Mailing Address 5221 Paramount Pkwy

City Morrisville State NC Zip Code 27560

Purpose of Disbursement  
9/20 CC Pmt: website services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	2		

Transaction ID : **Sb.21b676**

Amount of Each Disbursement this Period

1	9	1	.	2	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ISTREAM**

Mailing Address 13555 BISHOPS CT, STE 102

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	2		

Transaction ID : **SB.1**

Amount of Each Disbursement this Period

4	8	4	.	0	6
---	---	---	---	---	---

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

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

4	8	4	.	0	6
---	---	---	---	---	---

4	8	4	.	0	6
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Jackson's Bistro**

Mailing Address 601 South Harbour Island Blvd

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : **Sb21b23**

Amount of Each Disbursement this Period

119.12
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jimmy John's**

Mailing Address 555 State Street

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2012

Transaction ID : **Sb21b12222**

Amount of Each Disbursement this Period

11.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Journal Sentinel**

Mailing Address PO BOX 371

City Milwaukee State WI Zip Code 53201

Purpose of Disbursement  
9/20 CC Pmt: subscription

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Transaction ID : **Sb.21b.5789**

Amount of Each Disbursement this Period

4.29
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[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Kwik Trip**

Mailing Address 2530 N Grandview Blvd

City Waukesha State WI Zip Code 53188

Purpose of Disbursement  
9/20 CC Pmt: travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2012

Transaction ID : **SB.21b556644**

Amount of Each Disbursement this Period

49.47
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Letoile Restaurant**

Mailing Address 1 South Pinckney Street

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2012

Transaction ID : **Sb21b10**

Amount of Each Disbursement this Period

49.04
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. LEXISNEXIS**

Mailing Address PO BOX 2314

City CAROL STREAM State IL Zip Code 60132

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2012

Transaction ID : **SB.309**

Amount of Each Disbursement this Period

150.00
--------

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

150.00
--------

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. LIND WEININGER LLC**

Mailing Address 8020 EXCELSIOR DRIVE #402

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

Transaction ID : SB.14

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**B. LIND WEININGER LLC**

Mailing Address 8020 EXCELSIOR DRIVE #402

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2012

Transaction ID : SB.15

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**C. M&I BANK CREDIT CARD PROCESSING CENTER**

Mailing Address P.O. BOX 3052

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : SB.26

Amount of Each Disbursement this Period

3162.45

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

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

7662.45



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. M&I BANK CREDIT CARD PROCESSING CENTER**

Date of Disbursement

Mailing Address P.O. BOX 3052

M M M	/	D D D	/	Y Y Y Y Y
09		20		2012

City State Zip Code  
MILWAUKEE WI 53201

**Transaction ID : SB.27**

Purpose of Disbursement  
CREDIT CARD PAYMENT

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

8120.26
---------

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. M&I BANK CREDIT CARD PROCESSING CENTER**

Date of Disbursement

Mailing Address P.O. BOX 3052

M M M	/	D D D	/	Y Y Y Y Y
09		20		2012

City State Zip Code  
MILWAUKEE WI 53201

**Transaction ID : SB.28**

Purpose of Disbursement  
CREDIT CARD PAYMENT

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

7514.69
---------

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. M&I MERCHANT SERVICES**

Date of Disbursement

Mailing Address 601 RIVERSIDE AVENUE

M M M	/	D D D	/	Y Y Y Y Y
09		10		2012

City State Zip Code  
JACKSONVILLE FL 32204

**Transaction ID : SB.22**

Purpose of Disbursement  
CREDIT CARD FEES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

762.20
--------

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

16397.15
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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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Noodles & Co**

Mailing Address 232 State Street

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2012

Transaction ID : Sb21b11

Amount of Each Disbursement this Period

53.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 601 South Harbour Island

City Tampa State FL Zip Code 33609

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2012

Transaction ID : Sb2124

Amount of Each Disbursement this Period

347.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Papa Johns**

Mailing Address 515 University Ave

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2012

Transaction ID : Sb21b2.23

Amount of Each Disbursement this Period

312.21

[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 30 / 2012

**Transaction ID : SB.20**

Amount of Each Disbursement this Period

262.02

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. PITNEY BOWES CREDIT CORPORATION**

Mailing Address PO BOX 371887

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
MACHINE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 27 / 2012

**Transaction ID : SB.116**

Amount of Each Disbursement this Period

806.41

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. PITNEY BOWES**

Mailing Address PO BOX 371874

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 17 / 2012

**Transaction ID : SB.128**

Amount of Each Disbursement this Period

369.42

Category/  
Type

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

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

1437.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PITNEY BOWES**

Mailing Address PO BOX 371874

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.280**

Amount of Each Disbursement this Period

5394.30

Full Name (Last, First, Middle Initial)

**B. QDOBA**

Mailing Address 2 North Park St

City State Zip Code  
Madison WI 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2012

**Transaction ID : Sb21b4**

Amount of Each Disbursement this Period

57.81

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Safesoft Solutions**

Mailing Address 20950 Warner Center Lane  
Bld A

City State Zip Code  
Woodland Hills CA 91367

Purpose of Disbursement  
9/20 CC Pmt: long distance service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2012

**Transaction ID : Sb21b.44229**

Amount of Each Disbursement this Period

1341.00

**[MEMO ITEM]**

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

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

5394.30

**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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Samaria Cafe**

Mailing Address 502 North Tampa Street

City Tampa State FL Zip Code 33602

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **Sb21b21**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SCM ASSOCIATES, INC.**

Mailing Address 1283 MAIN STREET

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.30**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SERVICE SPECIALISTS, INC.**

Mailing Address P.O. BOX 160

City SUN PRAIRIE State WI Zip Code 53590

Purpose of Disbursement  
OFFICE MACHINE REPAIR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.121**

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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SHADOW FAX**

Mailing Address 4601 HELFESEN DR

City MADISON State WI Zip Code 53718

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : SB.125**

Amount of Each Disbursement this Period

156.41
--------

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 2600 NW TOPEKA BLVD.

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2012

**Transaction ID : SB.31**

Amount of Each Disbursement this Period

15232.48
----------

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 4538 Verona Road

City Madison State WI Zip Code 53711

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	11	/	2012

**Transaction ID : SB30b.1232**

Amount of Each Disbursement this Period

3162.45
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**[MEMO ITEM]**

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

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

15388.89
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Tampa Airport Taxi**

Mailing Address 4227 W. Kennedy Blvd, Unit #C

City Tampa State FL Zip Code 33707

Purpose of Disbursement  
9/20 CC Pmt: cab fare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2012

Transaction ID : **Sb21b33**

Amount of Each Disbursement this Period

66.74
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Tampa Taxi**

Mailing Address 4810 N Hale Ave

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
9/20 CC Pmt: cab fare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2012

Transaction ID : **Sb21b.9087**

Amount of Each Disbursement this Period

30.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TARGET**

Mailing Address 1544 North Dale Mabry Highway

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	23	/	2012

Transaction ID : **SB21b**

Amount of Each Disbursement this Period

272.36
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[MEMO ITEM]

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

0.00
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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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TARGETED VICTORY**

Mailing Address P.O. BOX 2187

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
ONLINE FUNDRAISING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : SB.133**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. THE PROSPER GROUP**

Mailing Address 435 EAST MAIN STREET

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
WEBSITE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.338**

Amount of Each Disbursement this Period

1875.00

Full Name (Last, First, Middle Initial)

**C. Thrifty Car Rental**

Mailing Address 4100 GEORGE J BEAN PARKWAY

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
9/20 CC Pmt: car rental

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2012

**Transaction ID : Sb21b37**

Amount of Each Disbursement this Period

1514.46

**[MEMO ITEM]**

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

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

2375.00



**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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. United Air**

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002

Purpose of Disbursement  
9/20 CC Pmt: travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : Sb.21b5134**

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. United Air**

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002

Purpose of Disbursement  
9/20 CC Pmt: travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2012

**Transaction ID : Sb21b.2982**

Amount of Each Disbursement this Period

946.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. United Cab**

Mailing Address 4810 North Hale Avenue

City Tampa State FL Zip Code 33614

Purpose of Disbursement  
9/20 CC Pmt: cab fare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2012

**Transaction ID : Sb21b26**

Amount of Each Disbursement this Period

10.50

[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. USO OF WISCONSIN**

Mailing Address 11050 W LIBERTY DRIVE

City MILWAUKEE State WI Zip Code 53224

Purpose of Disbursement  
POSTAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.281

Amount of Each Disbursement this Period

754.00

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address PO BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.80

Amount of Each Disbursement this Period

68.37

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address PO BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.81

Amount of Each Disbursement this Period

158.49

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

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

980.86

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement  
9/20 CC Pmt: wireless internet

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

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 / 2012

Transaction ID : Sb21b12

Amount of Each Disbursement this Period

263.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Walgreens**

Mailing Address 221 East Sunset Drive

City Waukesha State WI Zip Code 53189

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2012

Transaction ID : Sb21b3

Amount of Each Disbursement this Period

115.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Walgreens**

Mailing Address 315 W Platt St

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2012

Transaction ID : Sb21b5830

Amount of Each Disbursement this Period

14.60

[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 15 E Main

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2012

**Transaction ID : Sb21b8978**

Amount of Each Disbursement this Period

11.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Wall Street Journal**

Mailing Address 1211 Avenue of the Americas

City New York State NY Zip Code 10036

Purpose of Disbursement  
9/20 CC Pmt: subscription

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2012

**Transaction ID : Sb2120**

Amount of Each Disbursement this Period

17.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Wall Street Journal**

Mailing Address 1211 Avenue of the Americas

City New York State NY Zip Code 10036

Purpose of Disbursement  
9/20 CC Pmt: subscription

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2012

**Transaction ID : Sb21b7734**

Amount of Each Disbursement this Period

17.29

[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)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WEST BEND MUTUAL**

Mailing Address 1900 SOUTH 18TH AVE

City WEST BEND State WI Zip Code 53095

Purpose of Disbursement  
INSURANCE INSTALLMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.344

Amount of Each Disbursement this Period

333.13

Full Name (Last, First, Middle Initial)

**B. Yousendit.inc**

Mailing Address 1919 S Bascom Ave  
3rd Floor

City Campbell State CA Zip Code 95008

Purpose of Disbursement  
9/20 CC Pmt: 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 Y  
08 / 31 / 2012

Transaction ID : SB21.43219

Amount of Each Disbursement this Period

9.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
IN-KIND: EQUIPMENT TRANSFER

Candidate Name

**REPUBLICAN NATIONAL COMMITTEE**

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : sb21B999

Amount of Each Disbursement this Period

5206.87

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

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

5540.00

65777.43

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DUFFY FOR CONGRESS**

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement  
IN-KIND: RENT/UTILITIES

Candidate Name  
**SEAN DUFFY**

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

**Transaction ID : SB23.12**

Amount of Each Disbursement this Period

5	0	9	.	3	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DUFFY FOR CONGRESS**

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement  
IN-KIND: OFFICE UTILITIES

Candidate Name  
**SEAN DUFFY**

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	2

**Transaction ID : SB23.8989**

Amount of Each Disbursement this Period

5	5	.	1	1
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. RIBBLE FOR CONGRESS**

Mailing Address PO BOX 7200

City APPLETON State WI Zip Code 54912

Purpose of Disbursement  
IN-KIND: RENT/UTILITIES

Candidate Name  
**REID RIBBLE**

Office Sought:  House  
 Senate  
 President  
State: WI District: 08

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

**Transaction ID : SB231**

Amount of Each Disbursement this Period

7	6	.	9	1	2
---	---	---	---	---	---

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

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

1	3	3	.	5	9
---	---	---	---	---	---

1	3	3	.	5	9
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. REBECCA ALERY**

Mailing Address 1361 ST. CLAIR AVE

City ST. PAUL State MN Zip Code 55105

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.146**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. REBECCA ALERY**

Mailing Address 1361 ST. CLAIR AVE

City ST. PAUL State MN Zip Code 55105

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.147**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. REBECCA ALERY**

Mailing Address 1361 ST. CLAIR AVE

City ST. PAUL State MN Zip Code 55105

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.55001**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. BROWN COUNTY**

Mailing Address 100 SOUTH JEFFERSON ST

City GREEN BAY State WI Zip Code 54301

Purpose of Disbursement  
REIMBURSEMENT: TAILGATE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 13 / 2012

Transaction ID : SB.600001

Amount of Each Disbursement this Period

140.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FESTIVAL FOODS**

Mailing Address 30 COPEPLAND AVE

City LACROSSE State WI Zip Code 54603

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 20 / 2012

Transaction ID : SB.59001

Amount of Each Disbursement this Period

18.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HYATT**

Mailing Address 330 W WELLS

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 20 / 2012

Transaction ID : SB.580001

Amount of Each Disbursement this Period

25.00

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. HYATT REGENCY**

Mailing Address 333 W KILBOURN AVE

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
REIMBURSEMENT: 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 / 20 / 2012

Transaction ID : SB.610012

Amount of Each Disbursement this Period

183.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MARQUETTE UNIVERSITY**

Mailing Address 1240 W. WELLS ST

City MILWAUKEE State WI Zip Code 53233

Purpose of Disbursement  
REIMBURSEMENT: PARKING

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 / 19 / 2012

Transaction ID : SB.57001

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TARGET**

Mailing Address 4085 WISCONSIN 28

City SHEBOYGAN State WI Zip Code 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 16 / 2012

Transaction ID : SB.56001

Amount of Each Disbursement this Period

2.51

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. REBECCA ALERY**

Mailing Address 1361 ST. CLAIR AVE

City ST. PAUL State MN Zip Code 55105

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.68**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. REBECCA ALERY**

Mailing Address 1361 ST. CLAIR AVE

City ST. PAUL State MN Zip Code 55105

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.5000023**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN & SUITES**

Mailing Address 200 WEST FIRST STREET

City DULUTH State MN Zip Code 55802

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.52454**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SUBWAY**

Mailing Address 506 E MASON STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.510013**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. PHILLIP J BARTEL**

Mailing Address 20725 VINCENT COURT

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.175**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PHILLIP J BARTEL**

Mailing Address 20725 VINCENT COURT

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.6001**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. RACINE MARRIOT**

Mailing Address 7111 WASHINGTON AVE

City RACINE State WI Zip Code 53406

Purpose of Disbursement  
REIMBURSEMENT: HOTEL ROOM

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 / 07 / 2012

Transaction ID : SB.70012

Amount of Each Disbursement this Period

123.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PHILLIP J BARTEL**

Mailing Address 20725 VINCENT COURT

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.176

Amount of Each Disbursement this Period

1408.83

Full Name (Last, First, Middle Initial)

**C. PHILLIP J BARTEL**

Mailing Address 20725 VINCENT COURT

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.80121

Amount of Each Disbursement this Period

277.80

[MEMO ITEM]

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

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

1408.83

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DUDLEY C BOWLBY**

Mailing Address 250 FEMRITE DRIVE

City MADISON State WI Zip Code 53716

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.192**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DUDLEY C BOWLBY**

Mailing Address 250 FEMRITE DRIVE

City MADISON State WI Zip Code 53716

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.193**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. EVAN BRADTKE**

Mailing Address N69 W13212 HARDING DRIVE

City MENOMONEE FALLS State WI Zip Code 53051

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.256**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. EVAN BRADTKE**

Mailing Address N69 W13212 HARDING DRIVE

City State Zip Code  
MENOMONEE FALLS WI 53051

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.257**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MATTHIAS CENSKY**

Mailing Address N67 W28992 OLD OAK LANE

City State Zip Code  
HARTLAND WI 53029

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.263**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MATTHIAS CENSKY**

Mailing Address N67 W28992 OLD OAK LANE

City State Zip Code  
HARTLAND WI 53029

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.265**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ALEXANDER R COMBS**

Mailing Address 2734 CHAMBERLIAN AVE

City MADISON State WI Zip Code 53705

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.195**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)  
**B. ALEXANDER R COMBS**

Mailing Address 2734 CHAMBERLIAN AVE

City MADISON State WI Zip Code 53705

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.196**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)  
**C. NATHAN CONRAD**

Mailing Address 3601 HEATHER CT

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.211**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. NATHAN CONRAD**

Mailing Address 3601 HEATHER CT

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB.620012**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. NATHAN CONRAD**

Mailing Address 3601 HEATHER CT

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB.212**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. NATHAN CONRAD**

Mailing Address 3601 HEATHER CT

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB.90121**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. COLLEEN COYLE**

Mailing Address 3494 SABAKA TR.

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.206**

Amount of Each Disbursement this Period

1274.19

Full Name (Last, First, Middle Initial)

**B. COLLEEN COYLE**

Mailing Address 3494 SABAKA TR.

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.207**

Amount of Each Disbursement this Period

1274.19

Full Name (Last, First, Middle Initial)

**C. KEVIN CROSWHITE**

Mailing Address 7201 286TH AVE

City SALEM State WI Zip Code 53168

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.243**

Amount of Each Disbursement this Period

980.88

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

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

3529.26

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KEVIN CROSWHITE**

Mailing Address 7201 286TH AVE

City SALEM State WI Zip Code 53168

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.244**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PHILIP CURRY**

Mailing Address 131 W SILVER SPRING DRIVE

City WHITEFISH BAY State WI Zip Code 53217

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.144**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PHILIP CURRY**

Mailing Address 131 W SILVER SPRING DRIVE

City WHITEFISH BAY State WI Zip Code 53217

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.145**

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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ELISABETH DEBECK**

Mailing Address 7811 PAULSON ROAD

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.251**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ELISABETH DEBECK**

Mailing Address 7811 PAULSON ROAD

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.10001**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ELISABETH DEBECK**

Mailing Address 7811 PAULSON ROAD

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.252**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ELISABETH DEBECK**

Mailing Address 7811 PAULSON ROAD

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB.11000**

Amount of Each Disbursement this Period

2	1	3	.	0	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ELISABETH DEBECK**

Mailing Address 7811 PAULSON ROAD

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	2		

**Transaction ID : SB.253**

Amount of Each Disbursement this Period

3	7	3	.	8	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. ELISABETH DEBECK**

Mailing Address 7811 PAULSON ROAD

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	2		

**Transaction ID : SB.12001**

Amount of Each Disbursement this Period

2	8	5	.	5	7
---	---	---	---	---	---

**[MEMO ITEM]**

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

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

3	7	3	.	8	7
---	---	---	---	---	---

3	7	3	.	8	7
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	2		

Transaction ID : SB.130011

Amount of Each Disbursement this Period

8	8	.	3	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MALLORY DEPUYDT**

Mailing Address 7317 DECOSTA DRIVE

City ROCKFORD State MI Zip Code 49341

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	2		

Transaction ID : SB.245

Amount of Each Disbursement this Period

1	2	0	4	.	6	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MALLORY DEPUYDT**

Mailing Address 7317 DECOSTA DRIVE

City ROCKFORD State MI Zip Code 49341

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	2		

Transaction ID : SB.63001

Amount of Each Disbursement this Period

1	8	.	1	8
---	---	---	---	---

[MEMO ITEM]

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

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

1	2	0	4	.	6	8
---	---	---	---	---	---	---

1	2	0	4	.	6	8
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. FESTIVAL FOODS**

Mailing Address 30 COPEPLAND AVE

City LACROSSE State WI Zip Code 54603

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2012

Transaction ID : SB.650012

Amount of Each Disbursement this Period

49.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. LITTLE CAESARS**

Mailing Address 317 EAST CALUMET STREET

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2012

Transaction ID : SB.670012

Amount of Each Disbursement this Period

10.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MUNCHEEZ PIZZERIA**

Mailing Address 600 W COLLEGE AVE

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2012

Transaction ID : SB.660012

Amount of Each Disbursement this Period

50.27

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALGREENS**

Mailing Address 1029 N 14TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2012

Transaction ID : **SB.6400012**

Amount of Each Disbursement this Period

70.17
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MALLORY DEPUYDT**

Mailing Address 7317 DECOSTA DRIVE

City State Zip Code  
ROCKFORD MI 49341

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

Transaction ID : **SB.246**

Amount of Each Disbursement this Period

1132.73
---------

Full Name (Last, First, Middle Initial)

**C. DOMINOS**

Mailing Address 609 W COLLEGE AVE

City State Zip Code  
APPLETON WI 54914

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2012

Transaction ID : **SB.690102**

Amount of Each Disbursement this Period

14.61
-------

[MEMO ITEM]

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

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

1132.73
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address 2700 W COLLEGE AVE

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 13 / 2012

Transaction ID : SB.680012

Amount of Each Disbursement this Period

12.58

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WALGREENS**

Mailing Address 1029 N 14TH STREET

City SHEBOYGAN State WI Zip Code 53081

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 22 / 2012

Transaction ID : SB.714545

Amount of Each Disbursement this Period

7.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 19 / 2012

Transaction ID : SB.70000152

Amount of Each Disbursement this Period

91.87

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ROBERT DICKERSON**

Mailing Address 1575 N MCCARTHY ROAD

City APPLETON State WI Zip Code 54913

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.156**

Amount of Each Disbursement this Period

1829.84

Full Name (Last, First, Middle Initial)

**B. ROBERT DICKERSON**

Mailing Address 1575 N MCCARTHY ROAD

City APPLETON State WI Zip Code 54913

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 14 / 2012

**Transaction ID : SB.720120**

Amount of Each Disbursement this Period

651.30

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ROBERT DICKERSON**

Mailing Address 1575 N MCCARTHY ROAD

City APPLETON State WI Zip Code 54913

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.157**

Amount of Each Disbursement this Period

1550.63

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

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

3380.47

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ROBERT DICKERSON**

Mailing Address 1575 N MCCARTHY ROAD

City State Zip Code  
APPLETON WI 54913

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

**Transaction ID : SB.140001**

Amount of Each Disbursement this Period

372.09

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. RICHARD A DICKIE**

Mailing Address 126 N. BLAIR ST. #1

City State Zip Code  
MADISON WI 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.142**

Amount of Each Disbursement this Period

1212.39

Full Name (Last, First, Middle Initial)

**C. RICHARD A DICKIE**

Mailing Address 126 N. BLAIR ST. #1

City State Zip Code  
MADISON WI 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.143**

Amount of Each Disbursement this Period

1659.33

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

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

2871.72

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. BEST BUY**

Mailing Address 2452 EAST SPRINGS DRIVE

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SB.73011

Amount of Each Disbursement this Period

466.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ELISE DIETSCH**

Mailing Address 1100 GLENVIEW DRIVE

City BARABOO State WI Zip Code 53913

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.140

Amount of Each Disbursement this Period

1472.40

Full Name (Last, First, Middle Initial)

**C. ELISE DIETSCH**

Mailing Address 1100 GLENVIEW DR

City BARABOO State WI Zip Code 53913

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.150001

Amount of Each Disbursement this Period

68.04

[MEMO ITEM]

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

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

1472.40

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ELISE DIETSCH**

Mailing Address 1100 GLENVIEW DRIVE

City BARABOO State WI Zip Code 53913

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.141

Amount of Each Disbursement this Period

1404.38

Full Name (Last, First, Middle Initial)

**B. JESSE DOUGHERTY**

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.229

Amount of Each Disbursement this Period

1124.04

Full Name (Last, First, Middle Initial)

**C. JESSE DOUGHERTY**

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.230

Amount of Each Disbursement this Period

1124.03

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

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

3652.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. GRACE W EBERHART**

Mailing Address 3588 W. HRAWATHA

City OKEMOS State MI Zip Code 48864

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : SB.209**

Amount of Each Disbursement this Period

800.71

Full Name (Last, First, Middle Initial)  
**B. GRACE W EBERHART**

Mailing Address 3588 W. HRAWATHA

City OKEMOS State MI Zip Code 48864

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.210**

Amount of Each Disbursement this Period

800.71

Full Name (Last, First, Middle Initial)  
**C. MATTHEW FABRIZIUS**

Mailing Address 7390 HILL VALLEY CT

City GREENDALE State WI Zip Code 53129

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : SB.247**

Amount of Each Disbursement this Period

956.06

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

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

2557.48

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MATTHEW FABRIZIUS**

Mailing Address 7390 HILL VALLEY CT

City GREENDALE State WI Zip Code 53129

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.248**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. JOSEPH FADNESS**

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.254**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JOSEPH FADNESS**

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.740012**

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN EXPRESS**

Mailing Address 1400 W ZELLMAN CT

City MILWAUKEE State WI Zip Code 53221

Purpose of Disbursement  
REIMBURSEMENT: 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 / 19 / 2012

Transaction ID : SB.760121

Amount of Each Disbursement this Period

77.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SHOPKO**

Mailing Address 2602 SHOPKO DRIVE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 30 / 2012

Transaction ID : SB.750015

Amount of Each Disbursement this Period

18.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. JOSEPH FADNESS**

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.255

Amount of Each Disbursement this Period

2296.45

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

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

2296.45

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DANIEL FINK**

Mailing Address 16845 VANDERBILT STREET

City State Zip Code  
BROOKFIELD WI 53005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.160**

Amount of Each Disbursement this Period

956.05

Full Name (Last, First, Middle Initial)

**B. DANIEL FINK**

Mailing Address 16845 VANDERBILT STREET

City State Zip Code  
BROOKFIELD WI 53005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.161**

Amount of Each Disbursement this Period

956.06

Full Name (Last, First, Middle Initial)

**C. LUCAS FULLER**

Mailing Address 3245 STONECREEK DRIVE

City State Zip Code  
MADISON WI 53719

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.205**

Amount of Each Disbursement this Period

1575.78

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

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

3487.89



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. RACHEL GEARY**

Mailing Address 2224 NORTH 118TH STREET

City WAUWATOSA State WI Zip Code 53226

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.181**

Amount of Each Disbursement this Period

980.88

Full Name (Last, First, Middle Initial)

**B. RACHEL GEARY**

Mailing Address 2224 NORTH 118TH STREET

City WAUWATOSA State WI Zip Code 53226

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.182**

Amount of Each Disbursement this Period

980.89

Full Name (Last, First, Middle Initial)

**C. BENJAMIN HEATH**

Mailing Address 5088 LANGSTON COURT

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.225**

Amount of Each Disbursement this Period

1543.11

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

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

3504.88

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DOLLAR STORE**

Mailing Address 2621 NORTH CLAIREMONT

City State Zip Code  
EAU CLAIRE WI 54703

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 10 / 2012

Transaction ID : SB.770012

Amount of Each Disbursement this Period

35.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GREAT WALL**

Mailing Address 1431 SOUTH HASTINGS WAY

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 05 / 2012

Transaction ID : SB.790012

Amount of Each Disbursement this Period

16.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 08 / 2012

Transaction ID : SB.780012

Amount of Each Disbursement this Period

151.51

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 2327 N CLAIREMONT

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 25 / 2012

Transaction ID : SB.810121

Amount of Each Disbursement this Period

6.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PANERA BREAD**

Mailing Address 4601 KEYSTONE CROSSING

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 25 / 2012

Transaction ID : SB.82021

Amount of Each Disbursement this Period

41.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PAPA JOHN'S**

Mailing Address 623 EAST CLAIREMONT AVENUE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 08 / 2012

Transaction ID : SB.800121

Amount of Each Disbursement this Period

219.24

[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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. BENJAMIN HEATH**

Mailing Address 5088 LANGSTON COURT

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.226**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BENJAMIN HEATH**

Mailing Address 5088 LANGSTON COURT

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.830121**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. DOMINOS**

Mailing Address 609 W COLLEGE AVE

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.880121**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. GREAT WALL**

Mailing Address 1431 SOUTH HASTINGS WAY

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 16 / 2012

Transaction ID : SB.87012

Amount of Each Disbursement this Period

26.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 24 / 2012

Transaction ID : SB.860121

Amount of Each Disbursement this Period

191.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. KENTUCKY FRIED CHICKEN**

Mailing Address 2003 S HASTINGS WAY

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 15 / 2012

Transaction ID : SB.850121

Amount of Each Disbursement this Period

34.28

[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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PAPA JOHN'S**

Mailing Address 623 EAST CLAIREMONT AVENUE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.840121

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PIZZA HUT**

Mailing Address 2211 MILTON AVE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.890121

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DONNA K HEIMBACH**

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.197

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DONNA K HEIMBACH**

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.198**

Amount of Each Disbursement this Period

3	0	9	.	1	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. MICHAEL JADIN**

Mailing Address 2874 LOBELIA COURT

City GREEN BAY State WI Zip Code 54313

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	2		

**Transaction ID : SB.264**

Amount of Each Disbursement this Period

1	0	7	.	0	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MICHAEL JADIN**

Mailing Address 2874 LOBELIA COURT

City GREEN BAY State WI Zip Code 54313

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB.266**

Amount of Each Disbursement this Period

1	1	9	.	4	2
---	---	---	---	---	---

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

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

2	5	7	.	4	2
---	---	---	---	---	---

2	5	7	.	4	2
---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

### A. WALMART

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB.900121

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.	2	2
---	---	---	---	---	---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. BRIAN KIND

Mailing Address 405 DORAL COURT

City WAUNAKEE State WI Zip Code 53597

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	2		

Transaction ID : SB.213

Amount of Each Disbursement this Period

7	6	3	.	5	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. BRIAN KIND

Mailing Address 405 DORAL COURT

City WAUNAKEE State WI Zip Code 53597

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

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

Transaction ID : SB.214

Amount of Each Disbursement this Period

7	6	3	.	5	7
---	---	---	---	---	---

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

1	5	2	.	7	1	3
---	---	---	---	---	---	---

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

1	5	2	.	7	1	3
---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JASON KNACK**

Mailing Address 319 LOCUST STREET

City ONALASKA State WI Zip Code 54650

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.201

Amount of Each Disbursement this Period

1750.92

Full Name (Last, First, Middle Initial)

**B. BERNIE BUCHER INC**

Mailing Address 224 CAUSEWAY BLVD

City LA CROSSE State WI Zip Code 54603

Purpose of Disbursement  
REIMBURSEMENT: OFFICE REPAIR

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 / 2012

Transaction ID : SB.910121

Amount of Each Disbursement this Period

97.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BIG AL'S**

Mailing Address 115 S 3RD STREET

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 19 / 2012

Transaction ID : SB.95656

Amount of Each Disbursement this Period

25.69

[MEMO ITEM]

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

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

1750.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. FESTIVAL FOODS**

Mailing Address 30 COPEPLAND AVE

City LACROSSE State WI Zip Code 54603

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 01 / 2012

Transaction ID : SB.930121

Amount of Each Disbursement this Period

103.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JEFF & JIM'S PIZZA**

Mailing Address 302 PEARL ST

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 28 / 2012

Transaction ID : SB.97045

Amount of Each Disbursement this Period

27.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 08 / 2012

Transaction ID : SB.920121

Amount of Each Disbursement this Period

163.42

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. LACROSSE'S BEST PIZZA**

Mailing Address 115 S 3RD STREET

City LA CROSSE State WI Zip Code 54603

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 30 / 2012

Transaction ID : **SB.9879**

Amount of Each Disbursement this Period

55.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PIZZA HUT**

Mailing Address 2211 MILTON AVE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 25 / 2012

Transaction ID : **SB.96054**

Amount of Each Disbursement this Period

16.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 11 / 2012

Transaction ID : **SB.940125**

Amount of Each Disbursement this Period

191.00

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JASON KNACK**

Mailing Address 319 LOCUST STREET

City ONALASKA State WI Zip Code 54650

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : **SB.202**

Amount of Each Disbursement this Period

1902.43

Full Name (Last, First, Middle Initial)

**B. BIG AL'S**

Mailing Address 115 S 3RD STREET

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 22 / 2012

Transaction ID : **SB.104000**

Amount of Each Disbursement this Period

81.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FESTIVAL FOODS**

Mailing Address 30 COPEPLAND AVE

City LACROSSE State WI Zip Code 54603

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 14 / 2012

Transaction ID : **SB.990012**

Amount of Each Disbursement this Period

184.33

[MEMO ITEM]

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

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

1902.43

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 15 / 2012

Transaction ID : SB.1011212

Amount of Each Disbursement this Period

92.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. OFFICE DEPOT**

Mailing Address 2700 W COLLEGE AVE

City State Zip Code  
APPLETON WI 54914

Purpose of Disbursement  
REIMBURSEMENT: 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  
09 / 19 / 2012

Transaction ID : SB.1000012

Amount of Each Disbursement this Period

273.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PIZZA HUT**

Mailing Address 2211 MILTON AVE

City State Zip Code  
JANESVILLE WI 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 13 / 2012

Transaction ID : SB.102000

Amount of Each Disbursement this Period

89.32

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SHOPKO**

Mailing Address 2602 SHOPKO DRIVE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB.105000

Amount of Each Disbursement this Period

1	4	.	7	3
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TOPPERS PIZZA**

Mailing Address NORTH 8TH STREET

City SHEBOYGAN State WI Zip Code 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	2		

Transaction ID : SB.103000

Amount of Each Disbursement this Period

7	8	.	0	1
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB.106000

Amount of Each Disbursement this Period

1	8	.	1	3
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KYLE KOENEN**

Mailing Address 2320 PARKLAWN DR

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : SB.188**

Amount of Each Disbursement this Period

1364.98

Full Name (Last, First, Middle Initial)

**B. KYLE KOENEN**

Mailing Address 2320 PARKLAWN DR

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.189**

Amount of Each Disbursement this Period

1863.23

Full Name (Last, First, Middle Initial)

**C. KYLE KOENEN**

Mailing Address 2320 PARKLAWN DR

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 2012

**Transaction ID : SB.107000**

Amount of Each Disbursement this Period

265.80

**[MEMO ITEM]**

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

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

3228.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MENARDS**

Mailing Address 2315 BLUEMOUND ROAD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB.109000

Amount of Each Disbursement this Period

2	2	.	6	2
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SAM'S CLUB**

Mailing Address 600 NORTH SPRINGDALE ROAD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB.108000

Amount of Each Disbursement this Period

2	0	9	.	8	2
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. JULIE LESCHKE**

Mailing Address 2015 MENOMINEE DRIVE

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	2		

Transaction ID : SB.70

Amount of Each Disbursement this Period

3	0	1	.	1	0
---	---	---	---	---	---

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

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

3	0	1	.	1	0
---	---	---	---	---	---

3	0	1	.	1	0
---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JULIE LESCHKE**

Mailing Address 2015 MENOMINEE DRIVE

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 2012

Transaction ID : SB.300001

Amount of Each Disbursement this Period

275.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GREEN MILL RESTAURANT**

Mailing Address 2703 CRAIG ROAD

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 21 / 2012

Transaction ID : SB.10000

Amount of Each Disbursement this Period

16.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MCDONALDS**

Mailing Address 600 MCEVOY STREET

City MAUSTON State WI Zip Code 53948

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 21 / 2012

Transaction ID : SB.2641000

Amount of Each Disbursement this Period

9.08

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ADAM LESTER**

Mailing Address 230 FRANKLIN PLACE

City WOODMERE State NY Zip Code 11598

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.183**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ADAM LESTER**

Mailing Address 230 FRANKLIN PLACE

City WOODMERE State NY Zip Code 11598

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.184**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ADAM LESTER**

Mailing Address 230 FRANKLIN PLACE

City WOODMERE State NY Zip Code 11598

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.1100001**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JOSEF LEVERATTO**

Mailing Address 16011 VIA SOLA

City LAKE ELSINARE State CA Zip Code 92530

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.158**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSEF LEVERATTO**

Mailing Address 16011 VIA SOLA

City LAKE ELSINARE State CA Zip Code 92530

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.159**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAOLO LEVERATTO**

Mailing Address 522 N PINCKNEY STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.231**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. BEST BUY**

Mailing Address 2452 EAST SPRINGS DRIVE

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB.112001

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. COPP'S**

Mailing Address 3010 CAHILL MAIN

City FITCHBURG State WI Zip Code 53713

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB.111001

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. LITTLE CAESARS**

Mailing Address 317 EAST CALUMET STREET

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Transaction ID : SB.114001

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 4538 VERONA ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2012

Transaction ID : SB.113001

Amount of Each Disbursement this Period

185.67
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PAOLO LEVERATTO**

Mailing Address 522 N PINCKNEY STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

Transaction ID : SB.232

Amount of Each Disbursement this Period

956.06
--------

Full Name (Last, First, Middle Initial)

**C. LARRY F LOOMIS**

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2012

Transaction ID : SB.249

Amount of Each Disbursement this Period

523.48
--------

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

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

1479.54
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. LARRY F LOOMIS**

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.250

Amount of Each Disbursement this Period

559.07

Full Name (Last, First, Middle Initial)

**B. GUSTAVO LOPEZ-VILLANUEVA**

Mailing Address 1931 W KILBOURN

City MILWAUKEE State WI Zip Code 53233

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.167

Amount of Each Disbursement this Period

1444.08

Full Name (Last, First, Middle Initial)

**C. GUSTAVO LOPEZ-VILLANUEVA**

Mailing Address 1931 W KILBOURN

City MILWAUKEE State WI Zip Code 53233

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.168

Amount of Each Disbursement this Period

1028.39

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

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

3031.54

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SAMANTHA MACHART**

Mailing Address 2021 CARDINAL DRIVE

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.171

Amount of Each Disbursement this Period

979.80

Full Name (Last, First, Middle Initial)

**B. SAMANTHA MACHART**

Mailing Address 2021 CARDINAL DRIVE

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.172

Amount of Each Disbursement this Period

1164.05

Full Name (Last, First, Middle Initial)

**C. OFFICE DEPOT**

Mailing Address 2700 W COLLEGE AVE

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 15 / 2012

Transaction ID : SB.117001

Amount of Each Disbursement this Period

48.57

[MEMO ITEM]

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

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

2143.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PAPA JOHN'S**

Mailing Address 623 EAST CLAIREMONT AVENUE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 13 / 2012

Transaction ID : SB.118001

Amount of Each Disbursement this Period

62.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PICKNSAVE**

Mailing Address 1317 N 25TH STREET

City SHEBOYGAN State WI Zip Code 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 08 / 2012

Transaction ID : SB.115001

Amount of Each Disbursement this Period

17.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PIZZA HUT**

Mailing Address 2211 MILTON AVE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 29 / 2012

Transaction ID : SB.116001

Amount of Each Disbursement this Period

55.44

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

### A. JACOB MARGIS

Mailing Address S31 W34668 HOLLAND LN

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB.258

Amount of Each Disbursement this Period

980.88
--------

Full Name (Last, First, Middle Initial)

### B. JACOB MARGIS

Mailing Address S31 W34668 HOLLAND LN

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SB.259

Amount of Each Disbursement this Period

1366.29
---------

Full Name (Last, First, Middle Initial)

### C. JACOB MARGIS

Mailing Address S31 W34668 HOLLAND LN

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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	/	2012

Transaction ID : SB.119001

Amount of Each Disbursement this Period

108.99
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[MEMO ITEM]

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

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

2347.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DOLLAR STORE**

Mailing Address 2621 NORTH CLAIREMONT

City State Zip Code  
EAU CLAIRE WI 54703

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 15 / 2012

Transaction ID : SB.120001

Amount of Each Disbursement this Period

17.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PICKNSAVE**

Mailing Address 1317 N 25TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 18 / 2012

Transaction ID : SB.122001

Amount of Each Disbursement this Period

23.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SAM'S CLUB**

Mailing Address 600 NORTH SPRINGDALE ROAD

City State Zip Code  
WAUKESHA WI 53186

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 08 / 2012

Transaction ID : SB.123001

Amount of Each Disbursement this Period

225.68

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. THE PFISTER HOTEL**

Mailing Address 424 E WISCONSIN AVE

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
REIMBURSEMENT: 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 / 13 / 2012

Transaction ID : SB.121001

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MEAGAN MATTHEWS**

Mailing Address 211 VALLEY DRIVE

City JANESVILLE State WI Zip Code 53546

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.177

Amount of Each Disbursement this Period

1134.18

Full Name (Last, First, Middle Initial)

**C. MEAGAN MATTHEWS**

Mailing Address 211 VALLEY DRIVE

City JANESVILLE State WI Zip Code 53546

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.16001

Amount of Each Disbursement this Period

33.60

[MEMO ITEM]

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

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

1134.18

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WOODMAN'S**

Mailing Address 2631 LIBERTY LANE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 08 / 2012

Transaction ID : SB.170001

Amount of Each Disbursement this Period

95.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MEAGAN MATTHEWS**

Mailing Address 211 VALLEY DRIVE

City JANESVILLE State WI Zip Code 53546

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.178

Amount of Each Disbursement this Period

1208.21

Full Name (Last, First, Middle Initial)

**C. MEAGAN MATTHEWS**

Mailing Address 211 VALLEY DRIVE

City JANESVILLE State WI Zip Code 53546

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.18001

Amount of Each Disbursement this Period

96.00

[MEMO ITEM]

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

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

1208.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERKINS RESTAURANT**

Mailing Address 3315 MILTON AVE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 17 / 2012

Transaction ID : SB.200001

Amount of Each Disbursement this Period

21.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PIZZA HUT**

Mailing Address 2211 MILTON AVE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 24 / 2012

Transaction ID : SB.190001

Amount of Each Disbursement this Period

15.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SPERINO'S LITTLE ITALY**

Mailing Address 720 NORTH WISCONSIN STREET

City ELKHORN State WI Zip Code 53121

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 16 / 2012

Transaction ID : SB.2100101

Amount of Each Disbursement this Period

62.98

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : SB.220001

Amount of Each Disbursement this Period

7.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JOHN MARK MCKOY**

Mailing Address 34711 FAIRVIEW ROAD

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.72

Amount of Each Disbursement this Period

39.83

Full Name (Last, First, Middle Initial)

**C. JOHN MARK MCKOY**

Mailing Address 34711 FAIRVIEW ROAD

City OCONOMOWOC State WI Zip Code 53066

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.500001

Amount of Each Disbursement this Period

39.83

[MEMO ITEM]

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

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

39.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHRIS MINDNICH**

Mailing Address 1550 SPRING GATE DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.154**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHRIS MINDNICH**

Mailing Address 1550 SPRING GATE DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.155**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CHRIS MINDNICH**

Mailing Address 1550 SPRING GATE DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.230015**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PICKNSAVE**

Mailing Address 1317 N 25TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 28 / 2012

Transaction ID : SB.270001

Amount of Each Disbursement this Period

65.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PIZZA RANCH**

Mailing Address 3518 KOHLER MEMORIAL DRIVE

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 14 / 2012

Transaction ID : SB.260001

Amount of Each Disbursement this Period

21.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TARGET**

Mailing Address 4085 WISCONSIN 28

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 11 / 2012

Transaction ID : SB.290001

Amount of Each Disbursement this Period

3.00

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TOPPERS PIZZA**

Mailing Address NORTH 8TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 21 / 2012

Transaction ID : SB.240001

Amount of Each Disbursement this Period

24.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WALGREENS**

Mailing Address 1029 N 14TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 16 / 2012

Transaction ID : SB.250001

Amount of Each Disbursement this Period

11.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 7202 WATTS ROAD

City State Zip Code  
MADISON WI 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD & OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 11 / 2012

Transaction ID : SB.280001

Amount of Each Disbursement this Period

70.51

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MARK MORGAN**

Mailing Address 2408 SESSIONS ST

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.190**

Amount of Each Disbursement this Period

1154.79

Full Name (Last, First, Middle Initial)

**B. MARK MORGAN**

Mailing Address 2408 SESSIONS ST

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.191**

Amount of Each Disbursement this Period

3118.72

Full Name (Last, First, Middle Initial)

**C. MARK MORGAN**

Mailing Address 2408 SESSIONS ST

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

**Transaction ID : SB.30000015**

Amount of Each Disbursement this Period

1608.55

**[MEMO ITEM]**

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

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

4273.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 08 / 2012

Transaction ID : SB.330001

Amount of Each Disbursement this Period

22.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MEGA FOODS EAST**

Mailing Address 1201 S HASTINGS WAY

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 04 / 2012

Transaction ID : SB.3400015

Amount of Each Disbursement this Period

34.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. OFFICE MAX**

Mailing Address 4040 COMMONWEALTH AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD & OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 22 / 2012

Transaction ID : SB.31151

Amount of Each Disbursement this Period

275.14

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIZZA HUT**

Mailing Address 2211 MILTON AVE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 09 / 2012

**Transaction ID : SB.320015**

Amount of Each Disbursement this Period

22.68

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. RICHARD C NASLUND**

Mailing Address 301 N. SAWYER STREET

City OSHKOSH State WI Zip Code 54902

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.291**

Amount of Each Disbursement this Period

337.50

Full Name (Last, First, Middle Initial)

**C. CARLY NUSSER**

Mailing Address 1914 N. PROSPECT

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.165**

Amount of Each Disbursement this Period

1148.80

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

1486.30

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD & 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  
09 / 08 / 2012

Transaction ID : SB.350015

Amount of Each Disbursement this Period

102.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CARLY NUSSER**

Mailing Address 1914 N. PROSPECT

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.166

Amount of Each Disbursement this Period

1046.14

Full Name (Last, First, Middle Initial)

**C. KRISTA ORDEMANN**

Mailing Address 1061 MONTREAL AVE #102

City ST. PAUL State MN Zip Code 55116

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.138

Amount of Each Disbursement this Period

979.80

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

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

2025.94

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KRISTA ORDEMANN**

Mailing Address 1061 MONTREAL AVE #102

City ST. PAUL State MN Zip Code 55116

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.139

Amount of Each Disbursement this Period

1466.21

Full Name (Last, First, Middle Initial)

**B. KRISTA ORDEMANN**

Mailing Address 1061 MONTREAL AVE #102

City ST. PAUL State MN Zip Code 55116

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.124001

Amount of Each Disbursement this Period

486.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TAYLOR PALMISANO**

Mailing Address W286N3298 WOODGATE CT

City PEWAUKEE State WI Zip Code 53072

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.260

Amount of Each Disbursement this Period

187.29

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

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

1653.50

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. GEORGE PETAK**

Mailing Address 5200 WIND POINT DRIVE

City RACINE State WI Zip Code 53402

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.227

Amount of Each Disbursement this Period

2639.49

Full Name (Last, First, Middle Initial)

**B. GEORGE PETAK**

Mailing Address 5200 WIND POINT DRIVE

City RACINE State WI Zip Code 53402

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 14 / 2012

Transaction ID : SB.125001

Amount of Each Disbursement this Period

315.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ANNETA'S**

Mailing Address 8020 DURAND AVE

City STURTEVANT State WI Zip Code 53170

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 28 / 2012

Transaction ID : SB.129001

Amount of Each Disbursement this Period

16.00

[MEMO ITEM]

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

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

2639.49

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CITY OF MADISON PARKING**

Mailing Address 215 MARTIN LUTHER KING JUNIOR BOUL

City State Zip Code  
53703

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 22 / 2012

Transaction ID : SB.128001

Amount of Each Disbursement this Period

8.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CULVERS**

Mailing Address 5801 21ST STREET

City State Zip Code  
RACINE WI 53406

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 20 / 2012

Transaction ID : SB.1300011

Amount of Each Disbursement this Period

4.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 5658 WASHINGTON AVE

City State Zip Code  
RACINE WI 53406

Purpose of Disbursement  
REIMBURSEMENT: SHIPPING

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 / 20 / 2012

Transaction ID : SB.13200122

Amount of Each Disbursement this Period

45.33

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MCDONALDS**

Mailing Address 600 MCEVOY STREET

City MAUSTON State WI Zip Code 53948

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 14 / 2012

Transaction ID : SB.126001

Amount of Each Disbursement this Period

2.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SUBWAY**

Mailing Address 506 E MASON STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 22 / 2012

Transaction ID : SB.13100121

Amount of Each Disbursement this Period

5.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address 6035 DURAND AVE

City RACINE State WI Zip Code 53406

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 15 / 2012

Transaction ID : SB.13313131

Amount of Each Disbursement this Period

262.74

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WENDY'S**

Mailing Address 4910 WASHINGTON AVE

City RACINE State WI Zip Code 53406

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2012

Transaction ID : SB.127001

Amount of Each Disbursement this Period

13.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GEORGE PETAK**

Mailing Address 5200 WIND POINT DRIVE

City RACINE State WI Zip Code 53402

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.228

Amount of Each Disbursement this Period

1967.12

Full Name (Last, First, Middle Initial)

**C. LUKE PETROVICH**

Mailing Address 4658 S 43RD STREET

City GREENFIELD State WI Zip Code 53220

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.221

Amount of Each Disbursement this Period

1385.99

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

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

3353.11

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. LUKE PETROVICH**

Mailing Address 4658 S 43RD STREET

City GREENFIELD State WI Zip Code 53220

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.222

Amount of Each Disbursement this Period

1167.42

Full Name (Last, First, Middle Initial)

**B. LUKE PETROVICH**

Mailing Address 4658 S 43RD STREET

City GREENFIELD State WI Zip Code 53220

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.134001

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ALA ROMA PIZZERIA**

Mailing Address 171 N PIONEER ROAD

City FOND DU LAC State WI Zip Code 54935

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 08 / 2012

Transaction ID : SB.13500012

Amount of Each Disbursement this Period

77.81

[MEMO ITEM]

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

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

1167.42

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DOMINOS**

Mailing Address 609 W COLLEGE AVE

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 2012

Transaction ID : SB.1360604

Amount of Each Disbursement this Period

33.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. KATHERINE C POINTER**

Mailing Address 1022 W JOHNSON STREET

City MADISON State WI Zip Code 53715

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.136

Amount of Each Disbursement this Period

75.48

Full Name (Last, First, Middle Initial)

**C. KATHERINE C POINTER**

Mailing Address 1022 W JOHNSON STREET

City MADISON State WI Zip Code 53715

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.137

Amount of Each Disbursement this Period

384.96

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

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

460.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KATHERINE C POINTER**

Mailing Address 1022 W JOHNSON STREET

City MADISON State WI Zip Code 53715

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.360015

Amount of Each Disbursement this Period

384.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SCOTT R POOLE**

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.152

Amount of Each Disbursement this Period

116.29

Full Name (Last, First, Middle Initial)

**C. SCOTT R POOLE**

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.153

Amount of Each Disbursement this Period

275.93

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

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

392.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PHILLIP PRATT III**

Mailing Address 3041 MAPLE VALLEY DR

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.199**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PHILLIP PRATT III**

Mailing Address 3041 MAPLE VALLEY DR

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.370015**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. PHILLIP PRATT III**

Mailing Address 3041 MAPLE VALLEY DR

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.200**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MATTHEW RAINEY**

Mailing Address 2142 WEST MICHIGAN ST

City State Zip Code  
MILWAUKEE WI 53233

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.179**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MATTHEW RAINEY**

Mailing Address 2142 WEST MICHIGAN ST

City State Zip Code  
MILWAUKEE WI 53233

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.180**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MATTHEW RAINEY**

Mailing Address 2142 WEST MICHIGAN ST

City State Zip Code  
MILWAUKEE WI 53233

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.380015**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DANIEL RESCH**

Mailing Address 2 NORTHRIDGE TERRACE APT C

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.169**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DANIEL RESCH**

Mailing Address 2 NORTHRIDGE TERRACE APT C

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.170**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DONALD RICKARD**

Mailing Address 2317 CYPRESS WAY

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.185**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DONALD RICKARD**

Mailing Address 2317 CYPRESS WAY

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : SB.137005**

Amount of Each Disbursement this Period

138.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DONALD RICKARD**

Mailing Address 2317 CYPRESS WAY

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.186**

Amount of Each Disbursement this Period

1377.87

Full Name (Last, First, Middle Initial)

**C. DONALD RICKARD**

Mailing Address 2317 CYPRESS WAY

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.390015**

Amount of Each Disbursement this Period

55.20

[MEMO ITEM]

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

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

1377.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 16 / 2012

Transaction ID : SB.400015

Amount of Each Disbursement this Period

167.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DONALD RICKARD**

Mailing Address 2317 CYPRESS WAY

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District: 00

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 / 2012

Transaction ID : SB.187

Amount of Each Disbursement this Period

398.54

Full Name (Last, First, Middle Initial)

**C. DONALD RICKARD**

Mailing Address 2317 CYPRESS WAY

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 2012

Transaction ID : SB.410001

Amount of Each Disbursement this Period

398.54

[MEMO ITEM]

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

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

398.54

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MARGARET RING**

Mailing Address 1712 HIGHLAND PARKWAY

City State Zip Code  
ST PAUL MN 55116

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.162**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MARY SANDER**

Mailing Address 4837 MUELLER LANE

City State Zip Code  
WEST BEND WI 53095

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.297**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ETHAN SCHUH**

Mailing Address 320 COVENTRY CIRCLE

City State Zip Code  
JOHNSON CREEK WI 53038

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.203**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ETHAN SCHUH**

Mailing Address 320 COVENTRY CIRCLE

City JOHNSON CREEK State WI Zip Code 53038

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.204

Amount of Each Disbursement this Period

1482.78

Full Name (Last, First, Middle Initial)

**B. ETHAN SCHUH**

Mailing Address 320 COVENTRY CIRCLE

City JOHNSON CREEK State WI Zip Code 53038

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.42001

Amount of Each Disbursement this Period

352.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. KRISTINA SESEK**

Mailing Address 4607 PENDLETON CT

City MILTON State WI Zip Code 53563

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.219

Amount of Each Disbursement this Period

2711.76

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

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

4194.54

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KRISTINA SESEK**

Mailing Address 4607 PENDLETON CT

City State Zip Code  
MILTON WI 53563

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 14 / 2012

Transaction ID : SB.13800015

Amount of Each Disbursement this Period

76.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address P.O. BOX 20706

City State Zip Code  
ATLANTA GA 30320

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 23 / 2012

Transaction ID : SB.139555

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GENERAL MITCHELL AIRPORT**

Mailing Address 5300 SOUTH HOWELL AVE

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 31 / 2012

Transaction ID : SB.1410001

Amount of Each Disbursement this Period

108.00

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. THE RITZ-CARLTON**

Mailing Address 1111 RITZ CARLTON DR

City SARASOTA State WI Zip Code 34236

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 23 / 2012

Transaction ID : SB.14000001

Amount of Each Disbursement this Period

833.76

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. KRISTINA SESEK**

Mailing Address 4607 PENDLETON CT

City MILTON State WI Zip Code 53563

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.220

Amount of Each Disbursement this Period

1739.17

Full Name (Last, First, Middle Initial)

**C. KRISTINA SESEK**

Mailing Address 4607 PENDLETON CT

City MILTON State WI Zip Code 53563

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.430001

Amount of Each Disbursement this Period

106.11

[MEMO ITEM]

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

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

1739.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ALEX SICILIANO**

Mailing Address 2700 CLARENDON BLVD APT E408

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

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 / 2012

Transaction ID : SB.71

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

**B. ALEX SICILIANO**

Mailing Address 2700 CLARENDON BLVD APT E408

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 21 / 2012

Transaction ID : SB.40012

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MATTHEW SLEPICA**

Mailing Address 5409 HONEYSUCKLE LANE

City OREGON State WI Zip Code 53575

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.235

Amount of Each Disbursement this Period

1512.92

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

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

1582.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MATTHEW SLEPICA**

Mailing Address 5409 HONEYSUCKLE LANE

City OREGON State WI Zip Code 53575

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.142001

Amount of Each Disbursement this Period

33.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MENARDS**

Mailing Address 2315 BLUEMOUND ROAD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
REIMBURSEMENT: 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  
09 / 07 / 2012

Transaction ID : SB.143001

Amount of Each Disbursement this Period

10.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. OFFICE MAX**

Mailing Address 4040 COMMONWEALTH AVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: 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  
09 / 07 / 2012

Transaction ID : SB.146001

Amount of Each Disbursement this Period

136.10

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALGREENS**

Mailing Address 1029 N 14TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 30 / 2012

Transaction ID : SB.145001

Amount of Each Disbursement this Period

108.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 7202 WATTS ROAD

City State Zip Code  
MADISON WI 53719

Purpose of Disbursement  
REIMBURSEMENT: 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  
09 / 09 / 2012

Transaction ID : SB.144001

Amount of Each Disbursement this Period

243.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MATTHEW SLEPICA**

Mailing Address 5409 HONEYSUCKLE LANE

City State Zip Code  
OREGON WI 53575

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.236

Amount of Each Disbursement this Period

1284.25

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

1284.25

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MATTHEW SLEPICA**

Mailing Address 5409 HONEYSUCKLE LANE

City OREGON State WI Zip Code 53575

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.147001

Amount of Each Disbursement this Period

87.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. A&A LOCK SERVICE**

Mailing Address 633 S THIRD

City WAUSAU State WI Zip Code 54401

Purpose of Disbursement  
REIMBURSEMENT: 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  
09 / 17 / 2012

Transaction ID : SB.153001

Amount of Each Disbursement this Period

5.28

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DOMINOS**

Mailing Address 609 W COLLEGE AVE

City APPLETON State WI Zip Code 54914

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 19 / 2012

Transaction ID : SB.1510101

Amount of Each Disbursement this Period

24.41

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. OFFICE MAX**

Mailing Address 4040 COMMONWEALTH AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 24 / 2012

Transaction ID : SB.1500011

Amount of Each Disbursement this Period

66.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SUBWAY**

Mailing Address 506 E MASON STREET

City State Zip Code  
MILWAUKEE WI 53202

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 17 / 2012

Transaction ID : SB.152001

Amount of Each Disbursement this Period

11.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THE STORE**

Mailing Address 2409 N MOUNTAIN RD

City State Zip Code  
WAUSAU WI 54401

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 22 / 2012

Transaction ID : SB.149001

Amount of Each Disbursement this Period

6.98

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 24 / 2012

Transaction ID : SB.148001

Amount of Each Disbursement this Period

102.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JEFFREY SNOW**

Mailing Address 535 W. MIFFLIN ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.233

Amount of Each Disbursement this Period

415.82

Full Name (Last, First, Middle Initial)

**C. JEFFREY SNOW**

Mailing Address 535 W. MIFFLIN ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.234

Amount of Each Disbursement this Period

415.82

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

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

831.64

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JULIANA SOLHEIM**

Mailing Address W4091 GLEN FERN LANE

City LAKE GENEVA State WI Zip Code 53147

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : SB.261**

Amount of Each Disbursement this Period

768.77

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. JULIANA SOLHEIM**

Mailing Address W4091 GLEN FERN LANE

City LAKE GENEVA State WI Zip Code 53147

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.262**

Amount of Each Disbursement this Period

1243.73

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JULIANA SOLHEIM**

Mailing Address W4091 GLEN FERN LANE

City LAKE GENEVA State WI Zip Code 53147

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.44001**

Amount of Each Disbursement this Period

239.10

Category/  
Type

**[MEMO ITEM]**

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

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

2012.50

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ZACHARY STOLLFUS**

Mailing Address 1825 WISCONSIN AVE

City SUN PRAIRIE State WI Zip Code 53590

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.163**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ZACHARY STOLLFUS**

Mailing Address 1825 WISCONSIN AVE

City SUN PRAIRIE State WI Zip Code 53590

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.164**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CARL STOLTE**

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.208**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER TERRIS**

Mailing Address 705 W BRADLEY ROAD

City RIVER HILLS State WI Zip Code 53217

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.241**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER TERRIS**

Mailing Address 705 W BRADLEY ROAD

City RIVER HILLS State WI Zip Code 53217

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.154001**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ACE HARDWARE**

Mailing Address 200 SOUTH RIVER STREET

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.155001**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 08 / 2012

Transaction ID : SB.161001

Amount of Each Disbursement this Period

50.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MIDWEST ELECTRONICS**

Mailing Address 3138 SOUTH US HWY 51

City JANESVILLE State WI Zip Code 53546

Purpose of Disbursement  
REIMBURSEMENT: 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  
09 / 05 / 2012

Transaction ID : SB.158001

Amount of Each Disbursement this Period

14.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PAPA JOHN'S**

Mailing Address 623 EAST CLAIREMONT AVENUE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 30 / 2012

Transaction ID : SB.157001

Amount of Each Disbursement this Period

17.86

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SAM'S CLUB**

Mailing Address 600 NORTH SPRINGDALE ROAD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.160001

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SHORE EXXON**

Mailing Address MILWAUKEE STREET

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement  
REIMBURSEMENT: TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.156001

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.159001

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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
0	9			1	1			2	0	1	2		

Transaction ID : SB.1620001

Amount of Each Disbursement this Period

3	6	.	9	1
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER TERRIS**

Mailing Address 705 W BRADLEY ROAD

City RIVER HILLS State WI Zip Code 53217

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB.242

Amount of Each Disbursement this Period

1	1	7	9	.	7	9
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER TERRIS**

Mailing Address 705 W BRADLEY ROAD

City RIVER HILLS State WI Zip Code 53217

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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
0	9			2	8			2	0	1	2		

Transaction ID : SB.1630001

Amount of Each Disbursement this Period

2	9	.	6	7
---	---	---	---	---

[MEMO ITEM]

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

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

1	1	7	9	.	7	9
---	---	---	---	---	---	---

1	1	7	9	.	7	9
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 26 / 2012

Transaction ID : SB.1650001

Amount of Each Disbursement this Period

21.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JIMMY JOHN'S**

Mailing Address 2135 BRACKETT AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 15 / 2012

Transaction ID : SB.167001

Amount of Each Disbursement this Period

26.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PAPA JOHN'S**

Mailing Address 623 EAST CLAIREMONT AVENUE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 25 / 2012

Transaction ID : SB.164001

Amount of Each Disbursement this Period

36.34

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PAPA JOHN'S**

Mailing Address 623 EAST CLAIREMONT AVENUE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 15 / 2012

Transaction ID : SB.1690001

Amount of Each Disbursement this Period

25.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PAPA JOHN'S**

Mailing Address 623 EAST CLAIREMONT AVENUE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 26 / 2012

Transaction ID : SB.1700001

Amount of Each Disbursement this Period

12.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 21 / 2012

Transaction ID : SB.166001

Amount of Each Disbursement this Period

61.45

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	2		

Transaction ID : SB.168001

Amount of Each Disbursement this Period

9	.	6	8
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SARAH THOMPSON**

Mailing Address 409 W GORHAM STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	2		

Transaction ID : SB.215

Amount of Each Disbursement this Period

6	0	7	.	6	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. SARAH THOMPSON**

Mailing Address 409 W GORHAM STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

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

Transaction ID : SB.216

Amount of Each Disbursement this Period

6	1	4	.	9	7
---	---	---	---	---	---

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

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

1	2	2	.	6	5
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. STEPHAN THOMPSON**

Mailing Address 148 E JOHNSON ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.150**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. STEPHAN THOMPSON**

Mailing Address 148 E JOHNSON ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.151**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. STEPHAN THOMPSON**

Mailing Address 148 E JOHNSON STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.450001**

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KALEB VANDERWIELE**

Mailing Address 100 TUCKER LANE

City COATESVILLE State PA Zip Code 19320

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.134

Amount of Each Disbursement this Period

1685.41

Full Name (Last, First, Middle Initial)

**B. KALEB VANDER WIELE**

Mailing Address 100 TUCKER LANE

City COATESVILLE State PA Zip Code 19320

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 14 / 2012

Transaction ID : SB.46001

Amount of Each Disbursement this Period

470.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DANIELS SENTRY**

Mailing Address 2501 COURT STREET

City JANESVILLE State WI Zip Code 53548

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 20 / 2012

Transaction ID : SB.47001

Amount of Each Disbursement this Period

58.84

[MEMO ITEM]

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

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

1685.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. KALEB VANDERWIELE</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2012
Mailing Address 100 TUCKER LANE		<b>Transaction ID : SB.135</b>
City COATESVILLE	State PA	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2455.51
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: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. KALEB VANDER WIELE</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2012
Mailing Address 100 TUCKER LANE		<b>Transaction ID : SB.171000121</b>
City COATESVILLE	State PA	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 1225.80
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	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2012
Mailing Address 2452 EAST SPRINGS DRIVE		<b>Transaction ID : SB.172001</b>
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: OFFICE SUPPLIES	Candidate Name	Amount of Each Disbursement this Period 73.84
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	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2455.51
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MICHAEL C VOSS**

Mailing Address 1416 PARK AVE

City WEST BEND State WI Zip Code 53090

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.148

Amount of Each Disbursement this Period

1108.43

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MICHAEL C VOSS**

Mailing Address 1416 PARK AVE

City WEST BEND State WI Zip Code 53090

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB.48001

Amount of Each Disbursement this Period

103.80

Category/  
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MICHAEL C VOSS**

Mailing Address 1416 PARK AVE

City WEST BEND State WI Zip Code 53090

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : SB.149

Amount of Each Disbursement this Period

1004.64

Category/  
Type

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

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

2113.07

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CATHY WALLER**

Mailing Address 1701 PEARL STREET, UNIT 5

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.69

Amount of Each Disbursement this Period

87.53

Full Name (Last, First, Middle Initial)

**B. OLIVE GARDEN**

Mailing Address 18180 BLUE MOUND ROAD

City BROOKFIELD State WI Zip Code 53045

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 08 / 2012

Transaction ID : SB.53001

Amount of Each Disbursement this Period

33.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SAM'S CLUB**

Mailing Address 600 NORTH SPRINGDALE ROAD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 07 / 2012

Transaction ID : SB.54001

Amount of Each Disbursement this Period

53.90

[MEMO ITEM]

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

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

87.53

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JESSICA WARD**

Mailing Address 2534 MYRTLE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.194**

Amount of Each Disbursement this Period

685.24

Full Name (Last, First, Middle Initial)

**B. TYLER WEBSTER**

Mailing Address 20257 MONTEVERDI CIRCLE

City BOCA RATON State FL Zip Code 33498

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : SB.173**

Amount of Each Disbursement this Period

980.88

Full Name (Last, First, Middle Initial)

**C. TYLER WEBSTER**

Mailing Address 20257 MONTEVERDI CIRCLE

City BOCA RATON State FL Zip Code 33498

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB.174**

Amount of Each Disbursement this Period

1204.80

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

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

2870.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TYLER WEBSTER**

Mailing Address 20257 MONTEVERDI CIRCLE

City BOCA RATON State FL Zip Code 33498

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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 / 28 / 2012

Transaction ID : SB.173014

Amount of Each Disbursement this Period

42.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. COPP'S**

Mailing Address 3010 CAHILL MAIN

City FITCHBURG State WI Zip Code 53713

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 05 / 2012

Transaction ID : SB.180001

Amount of Each Disbursement this Period

73.11

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. COPPS**

Mailing Address 1850 PLOVER ROAD

City PLOVER State WI Zip Code 54467

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 07 / 2012

Transaction ID : SB.1790001

Amount of Each Disbursement this Period

6.69

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. POST OFFICE**

Mailing Address 1320 MAIN STREET

City State Zip Code  
STEVENS POINT WI 54481

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	2		

Transaction ID : SB.176001

Amount of Each Disbursement this Period

1	2	9	7
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 4538 VERONA ROAD

City State Zip Code  
MADISON WI 53711

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	2		

Transaction ID : SB.174000

Amount of Each Disbursement this Period

1	2	6	3
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TRIGS**

Mailing Address 1600 ACADEMY AVENUE

City State Zip Code  
STEVENS POINT WI 54481

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB.175001

Amount of Each Disbursement this Period

4	1	5	1
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[MEMO ITEM]

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

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

0	0
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0	0
---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.177001

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 7202 WATTS ROAD

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.1780001

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. JONATHAN WETZEL**

Mailing Address 5038 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.223

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. AIRTRAN AIRWAYS**

Mailing Address 9955 AIRTRAN BLVD

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement  
REIMBURSEMENT: 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 / 24 / 2012

Transaction ID : SB.1820001

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AIRTRAN AIRWAYS**

Mailing Address 9955 AIRTRAN BLVD

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement  
REIMBURSEMENT: 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 / 31 / 2012

Transaction ID : SB.1840001

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BEST BUY**

Mailing Address 2452 EAST SPRINGS DRIVE

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
REIMBURSEMENT: 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  
08 / 23 / 2012

Transaction ID : SB.1810001

Amount of Each Disbursement this Period

63.29

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CVS PHARMACY**

Mailing Address 220 EAST MADISON STREET

City TAMPA State FL Zip Code 33602

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 24 / 2012

Transaction ID : SB.1830001

Amount of Each Disbursement this Period

24.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JONATHAN WETZEL**

Mailing Address 5038 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.224

Amount of Each Disbursement this Period

1541.08

Full Name (Last, First, Middle Initial)

**C. DAVID R WILSON**

Mailing Address 6905 67TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.239

Amount of Each Disbursement this Period

1187.62

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

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

2728.70



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DAVID R WILSON**

Mailing Address 6905 67TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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	9		1	4		2	0	1	2

Transaction ID : SB.1850001

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
									30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. COUSINS SUBS**

Mailing Address 3806 52ND STREET

City KENOSHA State WI Zip Code 53144

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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	9		0	9		2	0	1	2

Transaction ID : SB.1880001

Amount of Each Disbursement this Period

7	9	1	0	0	0	0	0	0	0
									79.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. OFFICE MAX**

Mailing Address 4040 COMMONWEALTH AVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: OFFICE SUPPLIES

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	9		2	4		2	0	1	2

Transaction ID : SB.1890001

Amount of Each Disbursement this Period

1	0	5	5	0	0	0	0	0	0
									10.55

[MEMO ITEM]

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

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

0	0	0	0	0	0	0	0	0	0
									0.00

0	0	0	0	0	0	0	0	0	0
									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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PICKNSAVE**

Mailing Address 1317 N 25TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 03 / 2012

Transaction ID : **SB.1860001**

Amount of Each Disbursement this Period

20.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 7202 WATTS ROAD

City State Zip Code  
MADISON WI 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 07 / 2012

Transaction ID : **SB.187001**

Amount of Each Disbursement this Period

43.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DAVID R WILSON**

Mailing Address 6905 67TH STREET

City State Zip Code  
KENOSHA WI 53142

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 28 / 2012

Transaction ID : **SB.240**

Amount of Each Disbursement this Period

1087.94

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

1087.94

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PICKNSAVE**

Mailing Address 1317 N 25TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 22 / 2013

Transaction ID : SB.19000011

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PICKNSAVE**

Mailing Address 1317 N 25TH STREET

City State Zip Code  
SHEBOYGAN WI 53081

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 14 / 2012

Transaction ID : SB.19100001

Amount of Each Disbursement this Period

28.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 7202 WATTS ROAD

City State Zip Code  
MADISON WI 53719

Purpose of Disbursement  
REIMBURSEMENT: FOOD

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 / 23 / 2012

Transaction ID : SB.19200001

Amount of Each Disbursement this Period

29.40

[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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JOSHUA D WILSON**

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.237**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSHUA D WILSON**

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.238**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SAMUEL WINTER**

Mailing Address 4312 LINDEN HILLS BLVD

City MINNEAPOLIS State MN Zip Code 55410

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.217**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SAMUEL WINTER**

Mailing Address 4312 LINDEN HILLS BLVD

City MINNEAPOLIS State MN Zip Code 55410

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.218

Amount of Each Disbursement this Period

1186.31

Full Name (Last, First, Middle Initial)

**B. OFFICE MAX**

Mailing Address 4040 COMMONWEALTH AVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
REIMBURSEMENT: 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  
09 / 23 / 2012

Transaction ID : SB.49001

Amount of Each Disbursement this Period

155.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AIRNET GROUP INC.**

Mailing Address P.O. BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
PHONE BANKS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.271

Amount of Each Disbursement this Period

196.51

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1382.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. AIRNET GROUP INC.**

Mailing Address P.O. BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
PHONE BANKS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.272

Amount of Each Disbursement this Period

5500.32

Full Name (Last, First, Middle Initial)

**B. AIRNET GROUP INC.**

Mailing Address P.O. BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
PHONE BANKS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.273

Amount of Each Disbursement this Period

19674.93

Full Name (Last, First, Middle Initial)

**C. AIRNET GROUP INC.**

Mailing Address P.O. BOX 11181

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
PHONE BANKS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.274

Amount of Each Disbursement this Period

5500.32

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30675.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. AirTran Airways**

Mailing Address 9955 AirTran Blvd

City Orlando State FL Zip Code 32827

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB301008**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AirTran Airways**

Mailing Address 9955 AirTran Blvd

City Orlando State FL Zip Code 32827

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : Sb30b1015**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ALLIANT ENERGY**

Mailing Address PO BOX 3068

City CEDAR RAPIDS State IA Zip Code 52406

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.328**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ALMAR INVESTMENTS LLC**

Mailing Address PO BOX 641

City State Zip Code  
PLATTEVILLE WI 53818

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.304**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Amazon.com**

Mailing Address 1200 12th Avenue S  
1200

City State Zip Code  
Seattle WA 98144

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : Sb30b1011**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address 1200 12th Avenue S  
1200

City State Zip Code  
Seattle WA 98144

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : Sb30b1012**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. AMERICAN FUNDS SERVICE COMPANY**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	2

Mailing Address BOX 6164

**Transaction ID : SB.57**

City INDIANAPOLIS State IN Zip Code 46206

Amount of Each Disbursement this Period

5	6	6	.	0	8
---	---	---	---	---	---

Purpose of Disbursement  
EMPLOYEE BENEFITS

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Full Name (Last, First, Middle Initial)

**B. AMERICAN FUNDS SERVICE COMPANY**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Mailing Address BOX 6164

**Transaction ID : SB.58**

City INDIANAPOLIS State IN Zip Code 46206

Amount of Each Disbursement this Period

5	4	0	.	1	9
---	---	---	---	---	---

Purpose of Disbursement  
EMPLOYEE BENEFITS

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Full Name (Last, First, Middle Initial)

**C. APPLETON WEST END REALTY LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Mailing Address 512 W. COLLEGE AVE

**Transaction ID : SB.298**

City APPLETON State WI Zip Code 54911

Amount of Each Disbursement this Period

7	0	0	.	0	0
---	---	---	---	---	---

Purpose of Disbursement  
RENT

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	8	0	6	.	2	7
---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ASSURANT EMPLOYEE BENEFITS**

Mailing Address P.O. BOX 807009

City KANSAS CITY State MO Zip Code 64184

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	2

Transaction ID : SB.59

Amount of Each Disbursement this Period

2	7	5	.	7	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ASSURANT EMPLOYEE BENEFITS**

Mailing Address P.O. BOX 807009

City KANSAS CITY State MO Zip Code 64184

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SB.60

Amount of Each Disbursement this Period

3	1	7	.	4	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address P.O. BOX 5014

City CAROL STREAM State IL Zip Code 60507

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Transaction ID : SB.77

Amount of Each Disbursement this Period

7	4	.	1	4
---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	6	7	.	3	4
---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

6	6	7	.	3	4
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address P.O. BOX 5014

City State Zip Code  
CAROL STREAM IL 60507

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.78**

Amount of Each Disbursement this Period

89.76

Full Name (Last, First, Middle Initial)

**B. Best Western**

Mailing Address 10330 North Port Washington Road

City State Zip Code  
Mequon WI 53092

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

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 / 2012

**Transaction ID : SB30b1014**

Amount of Each Disbursement this Period

225.05

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Best Western Trail Lodge**

Mailing Address 3340 Mondovi Road

City State Zip Code  
Eau Claire WI 54701

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2012

**Transaction ID : SB30B2016**

Amount of Each Disbursement this Period

96.46

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

89.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CENTURY LINK**

Mailing Address PO BOX 4300

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SB.108**

Amount of Each Disbursement this Period

951.05

Full Name (Last, First, Middle Initial)

**B. CHARTER - MADISON**

Mailing Address PO BOX 2981

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

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 / 2012

**Transaction ID : SB.82**

Amount of Each Disbursement this Period

196.82

Full Name (Last, First, Middle Initial)

**C. CHARTER - MADISON**

Mailing Address PO BOX 2981

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SB.83**

Amount of Each Disbursement this Period

248.45

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1396.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHARTER - MADISON**

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.84**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHARTER - MADISON**

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.85**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CHARTER - MADISON**

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.86**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

### A. CHARTER - MADISON

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.87

Amount of Each Disbursement this Period

286.95

Full Name (Last, First, Middle Initial)

### B. CHARTER - MADISON

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.88

Amount of Each Disbursement this Period

269.58

Full Name (Last, First, Middle Initial)

### C. CHARTER - MADISON

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.89

Amount of Each Disbursement this Period

278.15

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

834.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHARTER - MADISON**

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.90

Amount of Each Disbursement this Period

781.20

Full Name (Last, First, Middle Initial)

**B. CHARTER - MADISON**

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.91

Amount of Each Disbursement this Period

319.16

Full Name (Last, First, Middle Initial)

**C. CHARTER - MADISON**

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.92

Amount of Each Disbursement this Period

248.45

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1348.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHARTER - MADISON**

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.93

Amount of Each Disbursement this Period

157.49

Full Name (Last, First, Middle Initial)

**B. Charter Communications**

Mailing Address 12405 Powerscourt Drive

City St. Louis State MO Zip Code 63131

Purpose of Disbursement  
9/20 CC Pmt: internet services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : Sb30B2050

Amount of Each Disbursement this Period

349.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CITY OF ALTOONA**

Mailing Address 1303 LYNN AVENUE

City ALTOONA State WI Zip Code 54720

Purpose of Disbursement  
SECURITY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SB.340

Amount of Each Disbursement this Period

112.06

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

269.55



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. COMCAST**

Mailing Address PO BOX 34227

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.107**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. COMMONWEALTH REAL ESTATE INVESTMENTS LLC**

Mailing Address 54 E. 1ST STREET

City FOND DU LAC State WI Zip Code 54935

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.300**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. COMPETITIVE MEDIA REPORTING LLC**

Mailing Address PO BOX 7247-9301

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
ONLINE ADVERTISING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.132**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CONNECTIVIST MEDIA LLC**

Mailing Address 544 E. OGDEN AVENUE #700-161

City State Zip Code  
MILWAUKEE WI 53202

Purpose of Disbursement  
ONLINE ADVERTISING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2012

Transaction ID : SB.131

Amount of Each Disbursement this Period

5500.00

Full Name (Last, First, Middle Initial)

**B. Country Springs Hotel**

Mailing Address 2810 Golf Road

City State Zip Code  
Pewaukee WI 53072

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2012

Transaction ID : SB30b1001

Amount of Each Disbursement this Period

226.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. DEAN CARE**

Mailing Address PO BOX 673111

City State Zip Code  
MILWAUKEE WI 53267

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.64

Amount of Each Disbursement this Period

6617.72

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12117.72

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DELTA DENTAL**

Mailing Address PO BOX 828

City STEVENS POINT State WI Zip Code 54481

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

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 / 2012

Transaction ID : SB.65

Amount of Each Disbursement this Period

503.75

Full Name (Last, First, Middle Initial)

**B. DELTA DENTAL**

Mailing Address PO BOX 828

City STEVENS POINT State WI Zip Code 54481

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.66

Amount of Each Disbursement this Period

503.75

Full Name (Last, First, Middle Initial)

**C. DURAND PARTNERS, LLC**

Mailing Address 6949 MARINER DRIVE

City RACINE State WI Zip Code 53406

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.301

Amount of Each Disbursement this Period

1100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2107.50

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. EAU CLAIRE POLICE DEPARTMENT**

Mailing Address 740 2ND AVENUE

City EAU CLAIRE State WI Zip Code 54703

Purpose of Disbursement  
SECURITY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.306

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

**B. EMMERICH & ASSOCIATES, INC**

Mailing Address 453 GRAND AVE

City SCHOFIELD State WI Zip Code 54476

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.296

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. EMPLOYEE BENEFITS CORPORATION**

Mailing Address PO BOX 44347

City MADISON State WI Zip Code 53744

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2012

Transaction ID : SB.61

Amount of Each Disbursement this Period

26.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1646.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. EMPLOYEE BENEFITS CORPORATION**

Mailing Address PO BOX 44347

City MADISON State WI Zip Code 53744

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 20 / 2012

Transaction ID : SB.62

Amount of Each Disbursement this Period

66.14

Full Name (Last, First, Middle Initial)

**B. EMPLOYEE BENEFITS CORPORATION**

Mailing Address PO BOX 44347

City MADISON State WI Zip Code 53744

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.63

Amount of Each Disbursement this Period

677.75

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address P.O. BOX 94515

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.307

Amount of Each Disbursement this Period

418.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1162.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. FIDELITY PROPERTY GROUP 3, LLC**

Mailing Address 1620 S. HASTINGS WAY

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.288**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FLS CONNECT**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City State Zip Code  
ST. PAUL MN 55128

Purpose of Disbursement  
VOLUNTEER WALKBOOKS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.346**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FLS CONNECT**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City State Zip Code  
ST. PAUL MN 55128

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.347**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. FLS CONNECT**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128

Purpose of Disbursement  
VOLUNTEER WALKBOOKS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.348

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FLS CONNECT**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128

Purpose of Disbursement  
VOLUNTEER WALKBOOKS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.349

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FOAMATION, INC.**

Mailing Address 3775 SOUTH PACKARD AVE

City ST. FRANCIS State WI Zip Code 53235

Purpose of Disbursement  
CHEESEHEADS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.13

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. GOVERNMENT ACCOUNTABILITY BOARD**

Mailing Address 212 EAST WASHINGTON STREET

City MADISON State WI Zip Code 53707

Purpose of Disbursement  
COPY FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.16**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GOVERNMENT ACCOUNTABILITY BOARD**

Mailing Address 212 EAST WASHINGTON STREET

City MADISON State WI Zip Code 53707

Purpose of Disbursement  
COPY FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.17**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. GOVERNMENT ACCOUNTABILITY BOARD**

Mailing Address 212 EAST WASHINGTON STREET

City MADISON State WI Zip Code 53707

Purpose of Disbursement  
COPY FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.18**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Hampton Inn**

Mailing Address 2622 Craig Road

City Eau Claire State WI Zip Code 54701

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **Sb30b2001**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Hampton Inn**

Mailing Address 2400 Fulton Street

City Janesville State WI Zip Code 53546

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B2018**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HARTER'S TRASH & RECYCLING, INC**

Mailing Address 2850 LARSON STREET

City LA CROSSE State WI Zip Code 54603

Purpose of Disbursement  
WASTE REMOVAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.336**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. HATCHERY HILL INVESTMENT, LLC**

Mailing Address 1001 FOURIER DRIVE #100

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.284**

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. HEINZEN PRINTING INC.**

Mailing Address P.O. BOX 267

City MARSHFIELD State WI Zip Code 54449

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.282**

Amount of Each Disbursement this Period

2278.80

Full Name (Last, First, Middle Initial)

**C. HILLCREST PROPERTIES LTD.**

Mailing Address 2986 COUNTY ROAD PP

City DEPERE State WI Zip Code 54115

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.290**

Amount of Each Disbursement this Period

1225.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4703.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn**

Mailing Address 3100 Wellington Place

City State Zip Code  
Janesville WI 53546

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 04 / 2012

Transaction ID : **Sb30B2080**

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HOME DEPOT**

Mailing Address 4550 VERONA ROAD

City State Zip Code  
MADISON WI 53711

Purpose of Disbursement  
YARD SIGN POSTS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 21 / 2012

Transaction ID : **SB.339**

Amount of Each Disbursement this Period

9601.98

Full Name (Last, First, Middle Initial)

**C. IROW**

Mailing Address 1040 INDIANHEAD DR

City State Zip Code  
MOSINEE WI 54455

Purpose of Disbursement  
WASTE REMOVAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 17 / 2012

Transaction ID : **SB.334**

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9626.98

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. IROW**

Mailing Address 1040 INDIANHEAD DR

City State Zip Code  
MOSINEE WI 54455

Purpose of Disbursement  
WASTE REMOVAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	2		

**Transaction ID : SB.335**

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ITALIAN CONFERENCE CENTER, INC.**

Mailing Address 631 EAST CHICAGO STREET

City State Zip Code  
MILWAUKEE WI 53202

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	2		

**Transaction ID : SB.73**

Amount of Each Disbursement this Period

1	1	1	3	0	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Italian Conference Center**

Mailing Address 632 E Chicago Street

City State Zip Code  
Milwaukee WI 53202

Purpose of Disbursement  
9/20 CC Pmt: room rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	2		

**Transaction ID : SB30b1009**

Amount of Each Disbursement this Period

5	5	0	0
---	---	---	---

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	1	3	8	0	7
---	---	---	---	---	---

1	1	3	8	0	7
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JBJ PROPERTIES**

Mailing Address W178 N9912 RIVERCREST DR

City GERMANTOWN State WI Zip Code 53022

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.305**

Amount of Each Disbursement this Period

**B. KICK DRUM AND SOUND**

Mailing Address 1870 ROSEWOOD ST

City GREEN BAY State WI Zip Code 54303

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.67**

Amount of Each Disbursement this Period

**C. KING STRATEGIC COMMUNICATIONS, INC**

Mailing Address 750 CROSS POINTE BLVD

City GAHANNA State OH Zip Code 43230

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.56**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. KOZELKA WALL CLOTHING**

Mailing Address 133 N IOWA ST

City DODGEVILLE State WI Zip Code 53533

Purpose of Disbursement  
STATE PARTY T-SHIRTS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2012

Transaction ID : SB.341

Amount of Each Disbursement this Period

6773.10

Full Name (Last, First, Middle Initial)

**B. LIBERTY HALL**

Mailing Address 800 EISENHOWER DRIVE

City KIMBERLY State WI Zip Code 54136

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2012

Transaction ID : SB.74

Amount of Each Disbursement this Period

875.97

Full Name (Last, First, Middle Initial)

**C. M&I BANK CREDIT CARD PROCESSING CENTER**

Mailing Address P.O. BOX 3052

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2012

Transaction ID : SB.25

Amount of Each Disbursement this Period

7331.79

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14980.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Madison Vending**

Mailing Address 2890 Commerce Park Drive

City Madison State WI Zip Code 53719

Purpose of Disbursement  
9/20 CC Pmt: bottled water

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 24 / 2012

Transaction ID : **Sb30B2030**

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 10 / 2012

Transaction ID : **SB.342**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARGE'S ON ROSE CATERING**

Mailing Address 833 ROSE STREET

City LACROSSE State WI Zip Code 54603

Purpose of Disbursement  
FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 17 / 2012

Transaction ID : **SB.76**

Amount of Each Disbursement this Period

720.03

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1720.03

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MG&E**

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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.322**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MG&E**

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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.323**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MILLS ENTERPRISES LLC, BERWICK PROPERTIES**

Mailing Address 4015 80TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.295**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MILLS ENTERPRISES LLC, BERWICK PROPERTIES**

Mailing Address 4015 80TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.320**

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

**B. MILLS ENTERPRISES LLC, BERWICK PROPERTIES**

Mailing Address 4015 80TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.321**

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

**C. MMI**

Mailing Address W5333 BECHAUD BEACH

City FOND DU LAC State WI Zip Code 54935

Purpose of Disbursement  
YARD SIGNS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.352**

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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MMI**

Mailing Address W5333 BECHAUD BEACH

City State Zip Code  
FOND DU LAC WI 54935

Purpose of Disbursement  
YARD SIGNS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 26 / 2012

**Transaction ID : SB.353**

Amount of Each Disbursement this Period

9990.00

Full Name (Last, First, Middle Initial)

**B. Monona Terrace**

Mailing Address 1 John Nolen Drive

City State Zip Code  
Madison WI 53703

Purpose of Disbursement  
9/20 CC Pmt: room rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 15 / 2012

**Transaction ID : Sb30b1010**

Amount of Each Disbursement this Period

1440.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Monona Terrace**

Mailing Address 1 John Nolen Drive

City State Zip Code  
Madison WI 53703

Purpose of Disbursement  
9/20 CC Pmt: food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 21 / 2012

**Transaction ID : SB30b1018**

Amount of Each Disbursement this Period

400.70

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9990.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Monona Terrace**

Mailing Address 1 John Nolen Drive

City Madison State WI Zip Code 53703

Purpose of Disbursement  
9/20 CC Pmt: room rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	23	/	2012

**Transaction ID : Sb30b2012**

Amount of Each Disbursement this Period

479.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MULTI CULTURAL CENTER HISPANIC FESTIVAL**

Mailing Address 230 S. MADISON STREET

City GREEN BAY State WI Zip Code 54301

Purpose of Disbursement  
BOOTH RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	03	/	2012

**Transaction ID : SB.8**

Amount of Each Disbursement this Period

150.00
--------

Full Name (Last, First, Middle Initial)

**C. NESHEK REVOCABLE TRUST**

Mailing Address PO BOX 218

City WALWORTH State WI Zip Code 53184

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SB.302**

Amount of Each Disbursement this Period

350.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

500.00
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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. NEXT WAVE COMMUNICATIONS**

Mailing Address 135 PROFESSIONAL DRIVE

City State Zip Code  
PONTE VERDE BEACH FL 32082

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : SB.53**

Amount of Each Disbursement this Period

5500.00

Full Name (Last, First, Middle Initial)

**B. NEXT WAVE COMMUNICATIONS**

Mailing Address 135 PROFESSIONAL DRIVE

City State Zip Code  
PONTE VERDE BEACH FL 32082

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SB.54**

Amount of Each Disbursement this Period

85989.47

Full Name (Last, First, Middle Initial)

**C. NEXT WAVE COMMUNICATIONS**

Mailing Address 135 PROFESSIONAL DRIVE

City State Zip Code  
PONTE VERDE BEACH FL 32082

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SB.55**

Amount of Each Disbursement this Period

75000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

166489.47

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. NORTHSIDE MOLZAHN, LLC**

Mailing Address 119 NORTH 19TH STREET

City LACROSSE State WI Zip Code 54601

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.285**

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. NORWOOD INVESTMENTS - 84TH LLC**

Mailing Address 1250 E 130TH AVE C

City THORNTON State CO Zip Code 80241

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.287**

Amount of Each Disbursement this Period

390.00

Full Name (Last, First, Middle Initial)

**C. O'BRAUN CORPORATION**

Mailing Address 5200 WEST LOOMIS RD

City GREENDALE State WI Zip Code 53129

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.299**

Amount of Each Disbursement this Period

700.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2290.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. OFFICE DEPOT**

Mailing Address OFFICE DEPOT CREDIT PLAN

City DES MOINES State IA Zip Code 50368

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.126

Amount of Each Disbursement this Period

1377.07

Full Name (Last, First, Middle Initial)

**B. PARKDALE INVESTMENTS LLC**

Mailing Address 3021 PATTON DRIVE

City PLOVER State WI Zip Code 54467

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.292

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 911 PANORAMA TR S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
PAYROLL PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SB.267

Amount of Each Disbursement this Period

269.67

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2646.74

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TR S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
PAYROLL PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.268**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 911 PANORAMA TR S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.269**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 911 PANORAMA TR S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.270**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TR S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
UNEMPLOYMENT INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.310**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 911 PANORAMA TR S

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
UNEMPLOYMENT INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.311**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. PC Nametag**

Mailing Address 124 Horizon Drive

City Verona State WI Zip Code 53593

Purpose of Disbursement  
9/20 CC Pmt: office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B2070**

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Penske Truck Rental**

Mailing Address 2302 Badger Drive

City Waukesha State WI Zip Code 53186

Purpose of Disbursement  
9/20 CC Pmt: truck rental

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	2

**Transaction ID : Sb30b2000**

Amount of Each Disbursement this Period

1	0	5	.	4	8
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : SB.32**

Amount of Each Disbursement this Period

1	3	7	6	.	5	9
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

**Transaction ID : SB.33**

Amount of Each Disbursement this Period

9	1	8	.	3	6	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	2	9	4	.	1	9
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 21 / 2012

**Transaction ID : SB.34**

Amount of Each Disbursement this Period

4956.59

Full Name (Last, First, Middle Initial)

**B. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 21 / 2012

**Transaction ID : SB.35**

Amount of Each Disbursement this Period

4537.69

Full Name (Last, First, Middle Initial)

**C. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 24 / 2012

**Transaction ID : SB.36**

Amount of Each Disbursement this Period

5574.72

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15069.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB.37**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB.38**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB.39**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : SB.40**

Amount of Each Disbursement this Period

1038.66

Full Name (Last, First, Middle Initial)

**B. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : SB.41**

Amount of Each Disbursement this Period

1024.66

Full Name (Last, First, Middle Initial)

**C. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : SB.42**

Amount of Each Disbursement this Period

2937.56

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.88

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : SB.43**

Amount of Each Disbursement this Period

10937.78

Full Name (Last, First, Middle Initial)

**B. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.44**

Amount of Each Disbursement this Period

13950.38

Full Name (Last, First, Middle Initial)

**C. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SB.45**

Amount of Each Disbursement this Period

4774.31

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

29662.47

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.46

Amount of Each Disbursement this Period

52566.31

Full Name (Last, First, Middle Initial)

**B. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.47

Amount of Each Disbursement this Period

1024.66

Full Name (Last, First, Middle Initial)

**C. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SB.48

Amount of Each Disbursement this Period

1038.66

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

54629.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB.49**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB.50**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: 00

Date of Disbursement

/  /

**Transaction ID : SB.51**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**

Mailing Address 106 E. DOTY

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.52

Amount of Each Disbursement this Period

11367.37

Full Name (Last, First, Middle Initial)

**B. POSTMASTER**

Mailing Address 320 MAIN STREET

City STEVENS POINT State WI Zip Code 54481

Purpose of Disbursement  
MAIL PERMIT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 12 / 2012

Transaction ID : SB.118

Amount of Each Disbursement this Period

190.00

Full Name (Last, First, Middle Initial)

**C. PUBLIC OPINION STRATEGIES, LLC**

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SB.277

Amount of Each Disbursement this Period

17500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

29057.37



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PUBLIC OPINION STRATEGIES, LLC**

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.278**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PUBLIC OPINION STRATEGIES, LLC**

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.279**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Quality Inn**

Mailing Address 20150 West Bluemound Road

City Brookfield State WI Zip Code 53045

Purpose of Disbursement  
9/20 CC Pmt: staff travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b1002**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. RIVER CITY PARTNERS, LLC**

Mailing Address 3033 EXCELSIOR BLVD, SUITE 100

City State Zip Code  
MINNEAPOLIS MN 55416

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.293**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. SILVER FOX, LLC**

Mailing Address PO BOX 511448

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB.303**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. SPRINT**

Mailing Address PO BOX 4181

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
CELL PHONE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : SB.11**

Amount of Each Disbursement this Period

3935.65

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5935.65

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SPRINT**

Mailing Address PO BOX 4181

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
CELL PHONE SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 17 / 2012

**Transaction ID : SB.12**

Amount of Each Disbursement this Period

1411.78

Full Name (Last, First, Middle Initial)

**B. STRATEGIC ALLIED CONSULTING LLC**

Mailing Address 4701 COX RD STE 301

City State Zip Code  
GLEN ALLEN VA 23060

Purpose of Disbursement  
CANVASSING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 18 / 2012

**Transaction ID : SB.10**

Amount of Each Disbursement this Period

250000.00

Full Name (Last, First, Middle Initial)

**C. SVM Prepaid Cards**

Mailing Address 200 East Howard Avenue

City State Zip Code  
Des Plaines IL 60018

Purpose of Disbursement  
9/20 CC Pmt: gas

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 31 / 2012

**Transaction ID : Sb30B2060**

Amount of Each Disbursement this Period

627.95

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

251411.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TDS METROCOM**

Mailing Address PO BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.109**

Amount of Each Disbursement this Period

352.98

Full Name (Last, First, Middle Initial)

**B. TDS METROCOM**

Mailing Address PO BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.110**

Amount of Each Disbursement this Period

350.67

Full Name (Last, First, Middle Initial)

**C. TDS METROCOM**

Mailing Address PO BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.112**

Amount of Each Disbursement this Period

235.48

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

939.13

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. THE FLORIAN GARDENS**

Mailing Address 2340 LORCH AVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 19 / 2012

Transaction ID : SB.345

Amount of Each Disbursement this Period

541.98

Full Name (Last, First, Middle Initial)

**B. THE MAIL HAUS**

Mailing Address 1745 SUBURBAN DRIVE

City State Zip Code  
DEPERE WI 54115

Purpose of Disbursement  
DIRECT MAIL SERVICES - NONALLOCABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 13 / 2012

Transaction ID : SB.343

Amount of Each Disbursement this Period

2637.70

Full Name (Last, First, Middle Initial)

**C. THE TARRANCE GROUP, INC.**

Mailing Address 201 NORTH UNION STREET

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 19 / 2012

Transaction ID : SB.275

Amount of Each Disbursement this Period

19428.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

22607.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. THE TARRANCE GROUP, INC.**

Mailing Address 201 NORTH UNION STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 19 / 2012

Transaction ID : SB.276

Amount of Each Disbursement this Period

20682.00

Full Name (Last, First, Middle Initial)

**B. THSC DEVELOPMENT LLC**

Mailing Address 2125 SO MEMORIAL PLACE DRIVE

City SHEBOYGAN State WI Zip Code 53081

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.289

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

**C. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.100

Amount of Each Disbursement this Period

379.86

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

21421.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.101

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.102

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.103

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.104

Amount of Each Disbursement this Period

392.49

Full Name (Last, First, Middle Initial)

**B. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.105

Amount of Each Disbursement this Period

392.42

Full Name (Last, First, Middle Initial)

**C. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.106

Amount of Each Disbursement this Period

413.64

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1198.55



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.95**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.96**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB.97**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.98**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. TIME WARNER CABLE**

Mailing Address PO BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.99**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Van Galder Bus Company**

Mailing Address 715 S Pearl Street

City Janesville State WI Zip Code 53548

Purpose of Disbursement  
9/20 CC Pmt: bus rentals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B2040**

Amount of Each Disbursement this Period

Category/  
Type

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. VIKERSUND LLC**

Mailing Address 3215 TOWER AVE SUITE 100

City State Zip Code  
SUPERIOR WI 54880

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.294

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. WANGARD PARTNERS, INC**

Mailing Address 1200 N MAYFAIR RD, SUITE 220

City State Zip Code  
MILWAUKEE WI 53226

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SB.286

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

**C. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SB.312

Amount of Each Disbursement this Period

178.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2728.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.313

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.314

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.315

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.316

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.317

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City State Zip Code  
MILWAUKEE WI 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB.318

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

## A. WE ENERGIES

Mailing Address 231 W MICHIGAN STREET

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

Transaction ID : SB.319

Amount of Each Disbursement this Period

569.22

Full Name (Last, First, Middle Initial)

## B. WISC DEPT OF REVENUE

Mailing Address PO BOX 8906

City MADISON State WI Zip Code 53708

Purpose of Disbursement  
COPY FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

Transaction ID : SB.19

Amount of Each Disbursement this Period

48.00

Full Name (Last, First, Middle Initial)

## C. WISCONSIN PUBLIC SERVICE CORPORATION

Mailing Address PO BOX 19003

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.325

Amount of Each Disbursement this Period

158.59

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

775.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WISCONSIN PUBLIC SERVICE CORPORATION**

Mailing Address PO BOX 19003

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

**Transaction ID : SB.326**

Amount of Each Disbursement this Period

382.83

Full Name (Last, First, Middle Initial)

**B. WISCONSIN PUBLIC SERVICE CORPORATION**

Mailing Address PO BOX 19003

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : SB.327**

Amount of Each Disbursement this Period

155.97

Full Name (Last, First, Middle Initial)

**C. WISCONSIN DEPT OF REVENUE**

Mailing Address PO BOX 8903

City MADISON State WI Zip Code 53708

Purpose of Disbursement  
SALES/USE TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : SB.354**

Amount of Each Disbursement this Period

1014.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1553.55

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. XCEL ENERGY**

Mailing Address PO BOX 9477

City MINNEAPOLIS State MN Zip Code 55484

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.329

Amount of Each Disbursement this Period

476.87

Full Name (Last, First, Middle Initial)

**B. XCEL ENERGY**

Mailing Address PO BOX 9477

City MINNEAPOLIS State MN Zip Code 55484

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.330

Amount of Each Disbursement this Period

256.33

Full Name (Last, First, Middle Initial)

**C. XCEL ENERGY**

Mailing Address PO BOX 9477

City MINNEAPOLIS State MN Zip Code 55484

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2012

Transaction ID : SB.331

Amount of Each Disbursement this Period

453.22

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1186.42



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. XCEL ENERGY**

Mailing Address PO BOX 9477

City MINNEAPOLIS State MN Zip Code 55484

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

Transaction ID : SB.332

Amount of Each Disbursement this Period

279.99

Full Name (Last, First, Middle Initial)

**B. XCEL ENERGY**

Mailing Address PO BOX 9477

City MINNEAPOLIS State MN Zip Code 55484

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

Transaction ID : SB.333

Amount of Each Disbursement this Period

463.39

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN PARTY OF WAUKESHA COUNTY**

Mailing Address 1701 PEARL STREET, UNIT 5

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
BOOTH RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

Transaction ID : SB.7

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1043.38

1095371.98

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 Republican Party of Wisconsin

Transaction ID : H1.1

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : SB21a1
Charter - Madison
Mailing Address PO BOX
City Milwaukee State WI Zip Code 53201
Purpose of Disbursement: INTERNET SERVICE
Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ]
Date 09/17/2012
FEDERAL SHARE 56.25 + NONFEDERAL SHARE 100.01 = TOTAL AMOUNT 156.26

B. Full Name (Last, First, Middle Initial) Transaction ID : SB21a10
DOC JAMS LLC
Mailing Address 4611 Dovetail Drive #1
City Madison State WI Zip Code 53704
Purpose of Disbursement: OFFICE MACHINE REPAIR
Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ]
Date 09/27/2012
FEDERAL SHARE 49.37 + NONFEDERAL SHARE 87.78 = TOTAL AMOUNT 137.15

C. Full Name (Last, First, Middle Initial) Transaction ID : Sb21a11
GE CAPITAL
Mailing Address PO BOX 740441
City ATLANTA State GA Zip Code 30374
Purpose of Disbursement: OFFICE MACHINE RENTAL
Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ]
Date 09/27/2012
FEDERAL SHARE 464.41 + NONFEDERAL SHARE 825.63 = TOTAL AMOUNT 1290.04

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 570.03, 1013.42, 1583.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Form A: MG&E, Transaction ID: SB21a12. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (UTILITIES), and Allocated Activity or Event (Administrative checked). Totals: FEDERAL SHARE 391.97, NONFEDERAL SHARE 696.84, TOTAL AMOUNT 1088.81.

Form B: PRO ONE JANITORIAL, INC, Transaction ID: SB21a13. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (JANITORIAL SERVICE), and Allocated Activity or Event (Administrative checked). Totals: FEDERAL SHARE 180.00, NONFEDERAL SHARE 320.00, TOTAL AMOUNT 500.00.

Form C: TDS METROCOM, Transaction ID: SB21a14. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TELEPHONE SERVICE), and Allocated Activity or Event (Administrative checked). Totals: FEDERAL SHARE 421.73, NONFEDERAL SHARE 749.75, TOTAL AMOUNT 1171.48.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 993.70, NONFEDERAL SHARE 1766.59, TOTAL AMOUNT 2760.29.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : Sb21a15
TDS
Mailing Address PO BOX 1019
City MONROE State WI Zip Code 53566
Purpose of Disbursement: TELEPHONE SERVICE
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 139968.28
Date 09 / 27 / 2012
FEDERAL SHARE 86.07 + NONFEDERAL SHARE 153.00 = TOTAL AMOUNT 239.07

B. Full Name (Last, First, Middle Initial) Transaction ID : SB21a2
Coca Cola Enterprises
Mailing Address 2335 Paysphere Circle
City Chicago State IL Zip Code 60674
Purpose of Disbursement: OFFICE SODA
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 140092.52
Date 09 / 17 / 2012
FEDERAL SHARE 44.73 + NONFEDERAL SHARE 79.51 = TOTAL AMOUNT 124.24

C. Full Name (Last, First, Middle Initial) Transaction ID : SB21a3
IMPACT NETWORKING
Mailing Address PO BOX 3090
City MILWAUKEE State WI Zip Code 53201
Purpose of Disbursement: OFFICE MACHINE REPAIR
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 140350.30
Date 09 / 17 / 2012
FEDERAL SHARE 92.80 + NONFEDERAL SHARE 164.98 = TOTAL AMOUNT 257.78

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 223.60, 397.49, 621.09

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : SB21a4
Madison Recharging Service
Mailing Address 2237 Winnebago Street
City Madison State WI Zip Code 53704
Purpose of Disbursement: OFFICE MACHINE REPAIR
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 140440.60
Date 09 / 17 / 2012
FEDERAL SHARE 32.51 + NONFEDERAL SHARE 57.79 = TOTAL AMOUNT 90.30

B. Full Name (Last, First, Middle Initial) Transaction ID : Sb21a5
OFFICE DEPOT
Mailing Address PO BOX 689020
City Des Moines State IA Zip Code 50368
Purpose of Disbursement: OFFICE SUPPLIES
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 141597.83
Date 09 / 17 / 2012
FEDERAL SHARE 416.60 + NONFEDERAL SHARE 740.63 = TOTAL AMOUNT 1157.23

C. Full Name (Last, First, Middle Initial) Transaction ID : SB21a6
PRO ONE JANITORIAL, INC
Mailing Address 1101 Ashwaubenon Street
City Green Bay State WI Zip Code 54304
Purpose of Disbursement: JANITORIAL SERVICES
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 142097.83
Date 09 / 17 / 2012
FEDERAL SHARE 180.00 + NONFEDERAL SHARE 320.00 = TOTAL AMOUNT 500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 629.11, 1118.42, 1747.53

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : SB21a7</b> <b>VEOLIA ES SOLID WASTE MIDWEST LLC</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 6484		Allocated Activity or Event Year-To-Date 142254.52	
City State Zip Code Carol Stream IL 60197	Category/ Type	Date MM / DD / YYYY 09 / 17 / 2012	
Purpose of Disbursement: WASTE REMOVAL		Activity or Event Identifier:	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
56.41		100.28	156.69

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : SB21a8</b> <b>TDS METROCOM</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 94510		Allocated Activity or Event Year-To-Date 143408.73	
City State Zip Code PALATINE IL 60094	Category/ Type	Date MM / DD / YYYY 09 / 17 / 2012	
Purpose of Disbursement: INTERNET SERVICE		Activity or Event Identifier:	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
415.52		738.69	1154.21

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : SB21a9</b> <b>CROWLEY MASONRY, INC</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4904 County Road A		Allocated Activity or Event Year-To-Date 145658.73	
City State Zip Code Oregon WI 53575	Category/ Type	Date MM / DD / YYYY 09 / 24 / 2012	
Purpose of Disbursement: OFFICE BUILDING REPAIR		Activity or Event Identifier:	
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
810.00		1440.00	2250.00

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1281.93		2278.97		3560.90

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3698.37		6574.89		10273.26