

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1) October 15 (Q3)
- July 15 (Q2) January 31 Year-End Report (YE)
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

12-Day Pre-Election Report for the Election on in the State of

30-Day Post-Election Report for the General Election on

4. IS THIS REPORT AN AMENDMENT?

yes no

5. COVERING PERIOD

09 / 01 / 2016 THROUGH 09 / 30 / 2016

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 LIND, KATE, , ,

Signature of Treasurer LIND, KATE, , , [Electronically Filed] Date 11 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

SCOTT WALKER INC

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="15103.50"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="117742.73"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="132846.23"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="102674.94"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="30171.29"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="381971.80"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="608501.38"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="7936892.15"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="8485550.89"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Receipts

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

09 / 01 / 2016

To:

09 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	13876.00	5383853.54
(ii) unitemized	7619.00	2953266.61
(iii) Total contributions	21495.00	8337120.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4700.00	60800.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	26195.00	8397920.15
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	64746.22
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	64746.22
21. OTHER RECEIPTS (Dividends, Interest, etc.)	91547.73	578830.03
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	117742.73	9041496.40

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

09 / 01 / 2016

To:

09 / 30 / 2016

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	96024.94	8550297.11
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	6650.00	456028.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	6650.00	461028.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	102674.94	9011325.11

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC Form 3P (Rev. 05/2016)
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00580480

SCOTT WALKER INC

ADDRESS (number and street)

PO BOX 620590

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ADAMS, JOHN, , , Mailing Address 312 FOREST DR SE City CEDAR RAPIDS State IA Zip Code 52403 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 366.00			Transaction ID : SA17A.150333 Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2016 PRIMARY 2016 DEBT RETIREMENT Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
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B. Full Name (Last, First, Middle Initial) BANT, JOYCE, , , Mailing Address 6937 HWY 51 City HAZELHURST State WI Zip Code 54531 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 463.00			Transaction ID : SA17A.150198 Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2016 PRIMARY 2016 DEBT RETIREMENT Amount of Each Receipt this Period 35.00 <input type="checkbox"/> Memo Item
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C. Full Name (Last, First, Middle Initial) BIALKIN, KENNETH, , , Mailing Address 211 CENTRAL PARK W City NEW YORK State NY Zip Code 10024 FEC ID number of contributing federal political committee. C Name of Employer SKADDEN ARPS Occupation ATTORNEY Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00			Transaction ID : SA17A.150386 Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2016 PRIMARY 2016 DEBT RETIREMENT Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
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Subtotal Of Receipts This Page (optional).....▶ 335.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
COLLINS, LISA, , ,

Mailing Address 72 HARBOR STREET

City MANCHESTER	State MA	Zip Code 01944
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150473

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

Mailing Address 11810 GREY BIRCH PLACE

City RESTON	State VA	Zip Code 20191
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.150222

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 11810 GREY BIRCH PLACE

City RESTON	State VA	Zip Code 20191
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 450.00

Transaction ID : SA17A.150274

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 150.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 3100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DUNHAM, DARWIN, E, ,

Mailing Address 1303 HURLBURT WAY

City MINNEOLA	State FL	Zip Code 34715
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 240.00

Transaction ID : SA17A.150197

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

Mailing Address 11 DODGE DRIVE

City WEST HARTFORD	State CT	Zip Code 06107
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 950.00

Transaction ID : SA17A.150429

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FRONING, JOHN, J, ,

Mailing Address 4044 LONE WOLF CIRCLE

City CROSSVILLE	State TN	Zip Code 38572
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 670.00

Transaction ID : SA17A.150298

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 35.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 235.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) HOFFMAN, TERRY, , ,			Transaction ID : SA17A.150268 Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2016		
Mailing Address 7118 WEST RIVER ROAD			PRIMARY 2016 DEBT RETIREMENT		
City BROOKLYN CENTER	State MN	Zip Code 55430	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer SEAGATE TECHNOLOGY		Occupation ELECTRONICS TECHNICIAN			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 400.00			

B. Full Name (Last, First, Middle Initial) JACOBSON, ADRIENNE, , ,			Transaction ID : SA17A.150366 Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2016		
Mailing Address 1610 WINDSONG LN			PRIMARY 2016 DEBT RETIREMENT		
City RICHMOND	State TX	Zip Code 77406	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00			

C. Full Name (Last, First, Middle Initial) KALTER, PEGGY, , ,			Transaction ID : SA17A.150115 Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2016		
Mailing Address 25 BARNES RD W			PRIMARY 2016 DEBT RETIREMENT		
City STAMFORD	State CT	Zip Code 06902	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer THE MASTERSON GROUP		Occupation PRESIDENT			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00			

Subtotal Of Receipts This Page (optional).....▶ _____ 450.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEANE, CHRISTINE, , ,

Mailing Address **6609 BRESTWICKE ROAD**

City BURKE	State VA	Zip Code 22015
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FEC ID number of contributing federal political committee. **C**

Name of Employer REGISTART	Occupation BURKE BASKETBALL
--------------------------------------	---------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **1000.00**

Transaction ID : SA17A.150217

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		19		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ **1000.00**

Memo Item

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

Mailing Address **6810 HOODS CREEK ROAD**

City FRANKSVILLE	State WI	Zip Code 53126
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **1100.00**

Transaction ID : SA17A.150327

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		12		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

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

Mailing Address **706 ROSE SQ**

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL RIFLE ASSOCIATION	Occupation DIRECTOR OF POLITICAL AFF
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **1750.00**

Transaction ID : SA17A.150273

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **1350.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

LANG, ANNE, , ,

Mailing Address 100 E BELLEVUE #25F

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

Name of Employer FOLEY & LARDNER	Occupation COMPUTING CONSULTANT
-------------------------------------	------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1250.00

Transaction ID : SA17A.150167

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

_____ 250.00

Memo Item

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

LUTZOW, TOM, , ,

Mailing Address 4444 N. 110TH ST.

City WAUWATOSA	State WI	Zip Code 53225
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FEC ID number of contributing federal political committee. **C**

Name of Employer ICARE	Occupation CEO
---------------------------	-------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17A.150234

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

_____ 250.00

Memo Item

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

MCGAUGHAN, MICHAEL, , ,

Mailing Address 1911 DEER COVE CC CT

City NORMAL	State IL	Zip Code 61761
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 245.00

Transaction ID : SA17A.150107

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

_____ 10.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 510.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

PETRONE, AUGUSTA, , ,

Mailing Address PO BOX 1037

City
DUBLIN

State
NH

Zip Code
03444-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

287.00

Transaction ID : SA17A.150152

Date of Receipt

MM / DD / YYYY
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

176.00

Memo Item

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

PHELPS, MARION, , ,

Mailing Address 290 CEDAR DRIVE

City
MOUNT PLEASANT

State
MI

Zip Code
48858

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Transaction ID : SA17A.150370

Date of Receipt

MM / DD / YYYY
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

35.00

Memo Item

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

PIEPER, RICHARD, , ,

Mailing Address 11602 N SHORE CLIFF LANE

City
MEQUON

State
WI

Zip Code
53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
VOLUNTEER

Occupation
VOLUNTEER

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.150144

Date of Receipt

MM / DD / YYYY
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

250.00

Memo Item

Subtotal Of Receipts This Page (optional).....

461.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
POGODZINSKI, ANTHONY, , ,
Mailing Address 9609 MANITOU PK DR

City MINOCQUA	State WI	Zip Code 54548
------------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 550.00

Transaction ID : SA17A.150456
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
REICHERT, KEN, , ,
Mailing Address 20910 BRADFORD LANE

City BROOKFIELD	State WI	Zip Code 53045
--------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.150402
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RICE, JOHN, , ,
Mailing Address 2116 AMARGO WAY

City NAPLES	State FL	Zip Code 34119
----------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.150112
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 450.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ROGERS, KENNETH, , ,			Transaction ID : SA17A.150169 Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2016		
Mailing Address 5767 SPRUCE KNOLL CIRCLE			PRIMARY 2016 DEBT RETIREMENT		
City INDIANAPOLIS	State IN	Zip Code 46220	Amount of Each Receipt this Period _____ 35.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer DUKE REALTY CORPORATION		Occupation TAX MANAGER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 210.00			

B. Full Name (Last, First, Middle Initial) SINCLAIR SCOUT, ELIZABETH, , ,			Transaction ID : SA17A.150282 Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2016		
Mailing Address 2801 NEW MEXICO AVENUE, NW			PRIMARY 2016 DEBT RETIREMENT		
City WASHINGTON	State DC	Zip Code 20007	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer SELF-EMPLOYED		Occupation REALTOR/WRITER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00			

C. Full Name (Last, First, Middle Initial) SPIKER, DOUGLAS, , ,			Transaction ID : SA17A.150168 Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2016		
Mailing Address 245 CITATION DR			PRIMARY 2016 DEBT RETIREMENT		
City HENRIETTA	State NY	Zip Code 14467	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer FUNCTION5 TECHNOLOGY GROUP		Occupation CONTROLLER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00			

Subtotal Of Receipts This Page (optional).....▶ _____ 335.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) SPITLER, KENNETH, , ,			Transaction ID : SA17A.150404		
Mailing Address 9502 BAYOU BROOK STREET			Date of Receipt		
			M M / D D / Y Y Y Y		
			09 / 09 / 2016		
City	State	Zip Code	PRIMARY 2016 DEBT RETIREMENT		
HOUSTON	TX	77063			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer	Occupation		600.00		
RETIRED	RETIRED		Memo Item <input type="checkbox"/>		
Receipt For: 2016	Election Cycle-to-Date		600.00		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					

B. Full Name (Last, First, Middle Initial) WHITESIDE, CHARLES, , ,			Transaction ID : SA17A.150407		
Mailing Address PO BOX 9000			Date of Receipt		
			M M / D D / Y Y Y Y		
			09 / 12 / 2016		
City	State	Zip Code	PRIMARY 2016 DEBT RETIREMENT		
KILGORE	TX	75663			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer	Occupation		500.00		
ANA-LAB CORP	CHEMIST		Memo Item <input type="checkbox"/>		
Receipt For: 2016	Election Cycle-to-Date		500.00		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					

C. Full Name (Last, First, Middle Initial) WILHELM, JOSEPH, , ,			Transaction ID : SA17A.150150		
Mailing Address 884 PEBBLEBROOK LN			Date of Receipt		
			M M / D D / Y Y Y Y		
			09 / 13 / 2016		
City	State	Zip Code	PRIMARY 2016 DEBT RETIREMENT		
EAST LANSING	MI	48823			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer	Occupation		50.00		
RETIRED	RETIRED		Memo Item <input type="checkbox"/>		
Receipt For: 2016	Election Cycle-to-Date		405.00		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼					

Subtotal Of Receipts This Page (optional)	1150.00
Total This Period (last page this line number only)	

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WINTER, RICHARD, L, ,

Mailing Address **2700 N OCEAN DRIVE #250**

City WEST PALM BEACH	State FL	Zip Code 33404
--------------------------------	--------------------	--------------------------

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

Name of Employer HEATH CARE INVESTMENTS,	Occupation HEALTH CARE CONSU
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	3500.00
--------------------------	----------------

Transaction ID : SA17A.150267

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2016

PRIMARY 2016 DEBT RETIREMENT: EXCESS TO BE REATTRIBUTED

Amount of Each Receipt this Period

1000.00

Memo Item

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

Mailing Address **9810 STATE HIGHWAY 220**

City CASPER	State WY	Zip Code 82604
-----------------------	--------------------	--------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	2000.00
--------------------------	----------------

Transaction ID : SA17A.150098

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

100.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	
--------------------------	--

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

--

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **1100.00**

Total This Period (last page this line number only).....▶ **13876.00**

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM

Mailing Address **801 PENNSYLVANIA AVE, NW**
SUITE 640

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

FEC ID number of contributing federal political committee. **C C00132092**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17C.150425

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR LAZICH

Mailing Address **PO BOX 510346**

City **NEW BERLIN** State **WI** Zip Code **53151**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17C.150396

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2016

PRIMARY 2016 DEBT RETIREMENT: FEDERALLY PERMISSIBLE FUNDS

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MARINETTE MARINE CORPORATION PAC MMCPAC

Mailing Address **1600 ELY ST**

City **MARINETTE** State **WI** Zip Code **54143**

FEC ID number of contributing federal political committee. **C C00459453**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17C.150221

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
1000.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **4700.00**

Total This Period (last page this line number only).....▶ **4700.00**

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 36

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GRANITE LISTS

Mailing Address PO BOX 262

City
DUBLIN

State
NH

Zip Code
03444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

291962.50

Transaction ID : SA21.150155

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

6861.25

Memo Item

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

Mailing Address PO BOX 262

City
DUBLIN

State
NH

Zip Code
03444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

298748.98

Transaction ID : SA21.150156

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

6786.48

Memo Item

C. Full Name (Last, First, Middle Initial)
GRANITE LISTS LLC

Mailing Address PO BOX 262

City
DUBLIN

State
NH

Zip Code
03444

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

181153.18

Transaction ID : SA21.150397

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

44400.00

Memo Item

Subtotal Of Receipts This Page (optional).....

58047.73

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GRANITE LISTS LLC

Mailing Address PO BOX 262

City
DUBLIN

State
NH

Zip Code
03444

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

214653.18

Transaction ID : SA21.150398

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

33500.00

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional).....

33500.00

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

91547.73

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. ASPECT CONSULTING LLC

Full Name (Last, First, Middle Initial)

Mailing Address 8401 EXCELSIOR DRIVE #103

City MADISON State WI Zip Code 53717

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB23.150480

Amount of Each Disbursement this Period: 5000.47

Memo Item

B. BMO HARRIS BANK

Full Name (Last, First, Middle Initial)

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

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB23.150481

Amount of Each Disbursement this Period: 167.45

Memo Item

C. BURCHFIELD ENTERPRISES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 633 W WILSON ST #419

City MADISON State WI Zip Code 53703

Purpose of Disbursement TECHNICAL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB23.150482

Amount of Each Disbursement this Period: 1000.00

Memo Item

Subtotal Of Receipts This Page (optional)..... 6167.92

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FLS CONNECT LLC			Date of Disbursement MM / DD / YYYY 09 / 16 / 2016		
Mailing Address 7300 HUDSON BLVD #270			FEC Identification Number C		
City SAINT PAUL	State MN	Zip Code 55128	Transaction ID : SB23.150475 Amount of Each Disbursement this Period 30000.00		
Purpose of Disbursement TELEMARKETING AND DATA SERVICES		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HARBINGER LLC			Date of Disbursement MM / DD / YYYY 09 / 16 / 2016		
Mailing Address 1919 M STREET NW #200			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SB23.150476 Amount of Each Disbursement this Period 19188.76		
Purpose of Disbursement EVENT CONSULTING		Category/ Type 101	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ISTREAM FINANCIAL SERVICES			Date of Disbursement MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 13555 BISHOPS COURT			FEC Identification Number C		
City BROOKFIELD	State WI	Zip Code 53005	Transaction ID : SB23.150483 Amount of Each Disbursement this Period 110.73		
Purpose of Disbursement BANK FEES		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 49299.49

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONES DAY			Date of Disbursement MM / DD / YYYY 09 / 02 / 2016		
Mailing Address PO BOX 7805, BEN FRANKLIN STATION			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20044	Transaction ID : SB23.150477		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Amount of Each Disbursement this Period 5000.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. JONES DAY			Date of Disbursement MM / DD / YYYY 09 / 16 / 2016		
Mailing Address PO BOX 7805, BEN FRANKLIN STATION			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20044	Transaction ID : SB23.150478		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Amount of Each Disbursement this Period 5000.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES INC.			Date of Disbursement MM / DD / YYYY 09 / 16 / 2016		
Mailing Address PO BOX 254			FEC Identification Number C		
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB23.150479		
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type 101	Amount of Each Disbursement this Period 28110.27		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 38110.27

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement MM / DD / YYYY 09 / 12 / 2016		
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : SB23.150484		
Purpose of Disbursement MERCHANT FEES		Category/ Type	Amount of Each Disbursement this Period 75.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement MM / DD / YYYY 09 / 14 / 2016		
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : SB23.150485		
Purpose of Disbursement MERCHANT FEES		Category/ Type	Amount of Each Disbursement this Period 372.26		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. THE CHAMPION GROUP			Date of Disbursement MM / DD / YYYY 09 / 02 / 2016		
Mailing Address PO BOX 1651			FEC Identification Number C		
City MADISON	State WI	Zip Code 53701	Transaction ID : SB23.150486		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Amount of Each Disbursement this Period 2000.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 2447.26

Total This Period (last page this line number only)..... 96024.94

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BARRETT, BARBARA, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016	
Mailing Address 4617 E OCOTILLO ROAD			FEC Identification Number C	
City PARADISE VALLEY	State AZ	Zip Code 85253	Transaction ID : SB28A.150488	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 5100.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CHURCH, JOHN, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2016	
Mailing Address 7002 YATES FORD ROAD			FEC Identification Number C	
City MANASSAS	State VA	Zip Code 20111	Transaction ID : SB28A.150487	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 50.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WATERMAN, JUDTIH, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016	
Mailing Address 1142 PAPER FIG COURT			FEC Identification Number C	
City SANIBEL	State FL	Zip Code 33957	Transaction ID : SB28A.150490	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 1500.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 6650.00

Total This Period (last page this line number only)..... 6650.00

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DRUCKER LAWHON LLP

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **317 15TH STREET NE**

City
WASHINGTON

State
DC

Zip Code
20002

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137419**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS CONNECT LLC

Nature of Debt (Purpose):
TELEMARKETING AND DATA

Mailing Address **7300 HUDSON BLVD #270**

City
SAINT PAUL

State
MN

Zip Code
55128

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137421**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GROUND GAME STRATEGIES

Nature of Debt (Purpose):
FIELD CONSULTING

Mailing Address **300 HICKORY LANE**

City
MAULDIN

State
SC

Zip Code
29662

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137424**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only)
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HARBINGER LLC

Nature of Debt (Purpose):
 EVENT CONSULTING

Mailing Address 1919 M STREET NW #200

City
 WASHINGTON

State
 DC

Zip Code
 20036

Outstanding Balance Beginning This Period

19188.76

Transaction ID : SD12.137425

Amount Incurred This Period

0.00

Payment This Period

19188.76

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JONES DAY

Nature of Debt (Purpose):
 LEGAL CONSULTING

Mailing Address PO BOX 7805, BEN FRANKLIN STATION

City
 WASHINGTON

State
 DC

Zip Code
 20044

Outstanding Balance Beginning This Period

52290.75

Transaction ID : SD12.137430

Amount Incurred This Period

0.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

42290.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JUST WIN STRATEGIES

Nature of Debt (Purpose):
 FIELD CONSULTING

Mailing Address PO BOX 2561

City
 ALEXANDRIA

State
 VA

Zip Code
 22301

Outstanding Balance Beginning This Period

4955.42

Transaction ID : SD12.137431

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4955.42

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only)
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MASENG COMMUNICATIONS

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address 11309 BAROQUE ROAD

City SILVER SPRING	State MD	Zip Code 20901
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Outstanding Balance Beginning This Period

Transaction ID : SD12.4125

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MAVERICK FINANCE

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 403 N SECOND STREET, 2ND FL

City HARRISBURG	State PA	Zip Code 17101
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Outstanding Balance Beginning This Period

Transaction ID : SD12.137442

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MMA EVENTS LLC

Nature of Debt (Purpose):
 EVENT STAGING EXPENSE

Mailing Address 1851 SOUTH CLUB DRIVE

City HYATTSVILLE	State MD	Zip Code 20785
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Outstanding Balance Beginning This Period

Transaction ID : SD12.4115

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- | | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="43500.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only) | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

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

Form/Schedule: SD12

Transaction ID : SD12.4115

Line 12 'Amount Incurred This Period' value for MMA Events LLC reflects an administrative correction of -\$40,000.00 to the outstanding invoice from previously reported balance. Duplicate Invoice/Paid via d/b/a name Design Foundry

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
POLITICODE

Nature of Debt (Purpose):
 WEB DEVELOPMENT

Mailing Address **3 CIRCLE DRIVE**

City
CARMEL

State
IN

Zip Code
46032

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137448**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PROSPECT STRATEGIC COMMUNICATIONS LLC

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address **PO BOX 17079**

City
ARLINGTON

State
VA

Zip Code
22216

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137451**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM ASSOCIATES INC.

Nature of Debt (Purpose):
 DIRECT MAIL PRINTING AND POSTAGE

Mailing Address **PO BOX 254**

City
DUBLIN

State
NH

Zip Code
03444

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137454**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only)
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHARP POLITICS LLC

Nature of Debt (Purpose):
 VIDEO PRODUCTION SERVICES

Mailing Address PO BOX 25122

City
 ALEXANDRIA

State
 VA

Zip Code
 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137456

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHIRLEY & BANISTER PUBLIC AFFAIRS

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address 122 S PATRICK STREET

City
 ALEXANDRIA

State
 VA

Zip Code
 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137457

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUPERIOR STRATEGIES LLC

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 717 KING STREET #205

City
 ALEXANDRIA

State
 VA

Zip Code
 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137459

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only)
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANY

Nature of Debt (Purpose):
 DIRECT MAIL PRINTING AND POSTAGE

Mailing Address 2800 SHIRLINGTON ROAD
 9TH FLOOR

City ARLINGTON State VA Zip Code 22206

Outstanding Balance Beginning This Period

50000.00

Transaction ID : SD12.137460

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TUSK PRODUCTIONS LLC

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 38 LAKEWOOD DRIVE

City DENVILLE State NJ Zip Code 07834

Outstanding Balance Beginning This Period

3838.28

Transaction ID : SD12.137465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3838.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	53838.28
2) TOTALS This Period (last page this line number only)	381971.80
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	381971.80