



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>	<input type="text" value=""/>	<input type="text" value="731351.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="632168.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="185761.68"/>	<input type="text" value="722846.15"/>
(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="817930.53"/>	<input type="text" value="1454198.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="179476.60"/>	<input type="text" value="815749.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="638453.93"/>	<input type="text" value="638448.39"/>
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

Write or Type Committee Name

**Republican Party of Wisconsin**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39141.02	218503.00
(ii) Unitemized .....	100406.85	313897.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	139547.87	532400.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	139547.87	536400.77
12. Transfers From Affiliated/Other Party Committees.....	25350.00	76150.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	792.05	6248.75
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).....	20071.76	104046.63
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	20071.76	104046.63
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	185761.68	722846.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	165689.92	618799.52

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	5335.53	27657.97
(ii) Non-Federal Share.....	20071.76	104046.64
(b) Other Federal Operating Expenditures .....	50474.28	331929.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	75881.57	463634.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	10000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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 .....	103595.03	342115.54
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	103595.03	342115.54
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	179476.60	815749.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	159404.84	711703.06

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	139547.87	536400.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	139547.87	526400.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	55809.81	359587.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	792.05	6248.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	55017.76	353338.77

**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 82  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ARNOLD, SARA, , ,**

Mailing Address 1701 WEDGEWOOD DR. WEST

City ELM GROVE    State WI    Zip Code 53122-1056

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

Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 12 / 2018

**Transaction ID : SA11A.1040713**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ARNOLD, SARA, , ,**

Mailing Address 1701 WEDGEWOOD DR. WEST

City ELM GROVE    State WI    Zip Code 53122-1056

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

Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 30 / 2018

**Transaction ID : SA11A.1043083**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ARRINGTON, CHARLES, B., , JR.**

Mailing Address 800 SAINT CHRISTOPHERS ROAD

City RICHMOND    State VA    Zip Code 23226-2711

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

Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 13 / 2018

**Transaction ID : SA11A.1041204**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**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: (check only one)	PAGE 7 OF 82
	<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**

**A. BALLERINI, FREDERICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W207N17413 PARKVIEW DRIVE  
 City JACKSON State WI Zip Code 53037-9813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DENTA QUEST Occupation (for Individual) DENTAL CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11A.1040611**  
 Amount of Each Receipt this Period 120.00  
 Memo Item CONTRIBUTION

**B. BECKER, JAMES, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5830 N SUNNY POINT ROAD  
 City MILWAUKEE State WI Zip Code 53209-4428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 24 / 2018  
**Transaction ID : SA11A.1041637**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. BERTRAND, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W1890 WASHINGTON ROAD  
 City OCONOMOWOC State WI Zip Code 53066-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : SA11A.1043665**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 570.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. BITTERS, TIMOTHY, J.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5929 W WASHINGTON BOULEVARD, APT 2  
 City MILWAUKEE State WI Zip Code 53208-1676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 TIM BITTERS PROPERTY MANAGEMENT COMPAN SALES PROPRIETOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 12 / 2018  
**Transaction ID : SA11A.1040501**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. BLEAKLEY, PATRICIA, M.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 SHEBOYGAN AVENUE  
 City MADISON State WI Zip Code 53705-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 12 / 2018  
**Transaction ID : SA11A.1040392**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**C. BLESER, HELEN, A., MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 30TH STREET  
 City TWO RIVERS State WI Zip Code 54241-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 04 / 10 / 2018  
**Transaction ID : SA11A.1040215**  
 Amount of Each Receipt this Period 170.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.00
<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 9 OF 82  
(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. BLESER, HELEN, A., MRS.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1804 30TH STREET  
 City TWO RIVERS State WI Zip Code 54241-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : SA11A.1041822**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

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

Date of Receipt 04 / 20 / 2018  
**Transaction ID : SA11A.1041753**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. BURCH, PAULINE, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2410 WOODHAVEN ROAD  
 City EAU CLAIRE State WI Zip Code 54703-9753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DAIRY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2018  
**Transaction ID : SA11A.1040232**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**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: (check only one)	PAGE 10 OF 82
<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. CARPENTER, NANCY, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7240 N BEACH DRIVE  
 City MILWAUKEE State WI Zip Code 53217-3659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OGDEN RESIDENTIAL, LLC Occupation (for Individual) REAL ESTATE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 10 / 2018**  
**Transaction ID : SA11A.1040236**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. CARPENTER, NANCY, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7240 N BEACH DRIVE  
 City MILWAUKEE State WI Zip Code 53217-3659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OGDEN RESIDENTIAL, LLC Occupation (for Individual) REAL ESTATE SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 27 / 2018**  
**Transaction ID : SA11A.1043124**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**C. COLLINS, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 ANTEBELLUM LANE  
 City MOUNT JULIET State TN Zip Code 37122-6132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11A.1043797**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

**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

FOR LINE NUMBER: PAGE 11 OF 82  
(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. COLLINS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12950 WALNUT ROAD  
 City ELM GROVE State WI Zip Code 53122-1826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEHAVIORAL CONSULTANTS, INC. Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11A.1044908**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**B. COWEN, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10909 N WYNGATE TRACE  
 City MEQUON State WI Zip Code 53092-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11A.1043686**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. DEBENEDICTIS, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 GOLFFVIEW ROAD  
 City ARDMORE State PA Zip Code 19003-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : SA11A.1044835**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**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	FOR LINE NUMBER: (check only one)	PAGE 12 OF 82
	<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**

**A. DEMEUSE, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1631 TWIN LAKES CIRCLE  
 City GREEN BAY State WI Zip Code 54311-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11A.1043716**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. DENEKA, VAN, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N19528 COUNTY ROAD G  
 City DODGE State WI Zip Code 54625-9712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2018  
**Transaction ID : SA11A.1041190**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. EASTHAM, WILLIAM, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 NORTH PROSPECT AVENUE, APT. 8  
 City MILWAUKEE State WI Zip Code 53202-1997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11A.1043190**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 13 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. FISHER, JAMES, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3040 JAVA ROAD  
 City COSTA MESA State CA Zip Code 92626-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11A.1041378**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. FITZGERALD, DEAN, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 W COUNTY LINE ROAD  
 City MILWAUKEE State WI Zip Code 53217-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2018  
**Transaction ID : SA11A.1039910**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. GIGUERE, THOMAS, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W10037 290TH AVENUE  
 City HAGER CITY State WI Zip Code 54014-8346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : SA11A.1041819**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 14 OF 82  
(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. GREENE, CLAIRE, P.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 N PROSPECT AVENUE, APT 412  
 City MILWAUKEE State WI Zip Code 53202-1962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : SA11A.1041492**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. HANSON, LEWIS, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W51N602 CEDAR RESERVE CIRCLE  
 City CEDARBURG State WI Zip Code 53012-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11A.1040595**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. HAUSKE, THOMAS, J., , SR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4845 MUELLER LANE  
 City WEST BEND State WI Zip Code 53095-9263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2018  
**Transaction ID : SA11A.1039969**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 15 OF 82
	<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. HEIDE, CHARLES, H.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5825 6TH PLACE

City KENOSHA	State WI	Zip Code 53144-7216
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2018

**Transaction ID : SA11A.1043197**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. HEUER, ELAINE, , MRS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9315 STATE HIGHWAY 54

City PITTSVILLE	State WI	Zip Code 54466-9430
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HEUER BROTHERS CONSTRUCTION	Occupation (for Individual) BOOKKEEPER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		27		2018

**Transaction ID : SA11A.1043327**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**C. HEYRMAN, EARL, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3012 AUTUMN LEAVES CIRCLE

City GREEN BAY	State WI	Zip Code 54313-9325
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2018

**Transaction ID : SA11A.1041830**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 16 OF 82  
(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. HINGISS, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 N 74TH STREET  
 City MILWAUKEE State WI Zip Code 53213-3626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 04 / 10 / 2018  
**Transaction ID : SA11A.1040234**  
 Amount of Each Receipt this Period 170.00  
 Memo Item CONTRIBUTION

**B. IVERSON, BURTON, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 70  
 City PITTSVILLE State WI Zip Code 54466-0070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 02 / 2018  
**Transaction ID : SA11A.1039944**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. JACOBSON, ADRIENNE, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1610 WINDSONG LANE  
 City RICHMOND State TX Zip Code 77406-8156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11A.1043400**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00  
**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 17 OF 82
	<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. JOHNSON, SIDNEY, E., DR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 903 W 6TH STREET

City MARSHFIELD	State WI	Zip Code 54449-3504
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2018

**Transaction ID : SA11A.1040369**

Amount of Each Receipt this Period  
250.00

Memo Item CONTRIBUTION

**B. JORGENSON, CURTIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) RETIRED	Occupation (for Individual) 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
04		24		2018

**Transaction ID : SA11A.1041647**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. KEITH, KENNETH, W., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N28W6800 ALYCE STREET, APT 106

City CEDARBURG	State WI	Zip Code 53012-2656
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2018

**Transaction ID : SA11A.1043105**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 18 OF 82
	<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. KORNOWSKI, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9912 W BECHER STREET  
 City MILWAUKEE State WI Zip Code 53227-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 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  
 04 / 10 / 2018  
**Transaction ID : SA11A.1040192**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 CONTRIBUTION

**B. KRAUSE, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19635 INDEPENDENCE COURT  
 City BROOKFIELD State WI Zip Code 53045-5376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : SA11A.1043718**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 CONTRIBUTION

**C. KROG, HERBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 ROYAL HAMPTON COURT  
 City SUGAR LAND State TX Zip Code 77479-5662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2018  
**Transaction ID : SA11A.1041503**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 CONTRIBUTION

<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: PAGE 19 OF 82  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEE, ELEANOR, D., ,**

Mailing Address **1930 WEST RIVER BEND COURT**

City **MEQUON**   State **WI**   Zip Code **53092-2925**

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

Name of Employer (for Individual) **RETIRED**   Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 13 / 2018**

**Transaction ID : SA11A.1040696**

Amount of Each Receipt this Period **100.00**

Memo Item CONTRIBUTION

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEVIN, HERBERT, , ,**

Mailing Address **724 E GRINNELL DRIVE**

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

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

Name of Employer (for Individual) **RETIRED**   Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt **04 / 11 / 2018**

**Transaction ID : SA11A.1040565**

Amount of Each Receipt this Period **90.00**

Memo Item CONTRIBUTION

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEVIN, HERBERT, , ,**

Mailing Address **724 E GRINNELL DRIVE**

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

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

Name of Employer (for Individual) **RETIRED**   Occupation (for Individual) **RETIRED**

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt **04 / 20 / 2018**

**Transaction ID : SA11A.1044821**

Amount of Each Receipt this Period **90.00**

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **280.00**

**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 20 OF 82
	<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. MACK, JOHN, M., , DR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18685 ELM TERRACE DRIVE

City BROOKFIELD	State WI	Zip Code 53045-4912
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2018

**Transaction ID : SA11A.1041551**

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

**B. MARSTON, ROXANNE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9213 CROSSWINDS LANE, APT 404

City VERONA	State WI	Zip Code 53593-7853
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2018

**Transaction ID : SA11A.1041704**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

**C. MCCONNELL, CAROL, D., MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address S27W35340 HIGH PRAIRIE COURT

City OCONOMOWOC	State WI	Zip Code 53066-8786
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2018

**Transaction ID : SA11A.1044802**

Amount of Each Receipt this Period  
100.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 21 OF 82
	<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. MILLNER, REGINA, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 FULLER DRIVE

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

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2018

**Transaction ID : SA11A.1041747**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. MOORE, BRIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 824 W FRONT STREET

City APPLETON	State WI	Zip Code 54914-5465
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2018

**Transaction ID : SA11A.1043096**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**C. MYERS, JON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2213 E SIENNA WAY

City APPLETON	State WI	Zip Code 54913-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2018

**Transaction ID : SA11A.1040279**

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 22 OF 82
	<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. NATHAN, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1388

City HAYWARD	State WI	Zip Code 54843-
-----------------	-------------	--------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2018  
**Transaction ID : SA11A.1043715**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. NELSON, MARK, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14175 GOLF PARKWAY

City BROOKFIELD	State WI	Zip Code 53005-7916
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) 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  
 04 / 05 / 2018  
**Transaction ID : SA11A.1039916**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. NORDEEN, DALE, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4206 YUMA DRIVE

City MADISON	State WI	Zip Code 53711-3058
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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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  
 04 / 30 / 2018  
**Transaction ID : SA11A.1043087**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<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 23 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. NOVY, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 WESLEY DRIVE, APT 159  
 City ASHEVILLE State NC Zip Code 28803-2024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISABLED Occupation (for Individual) DISABLED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11A.1043759**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. PUTNAM, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 ESSEX ROAD  
 City KENILWORTH State IL Zip Code 60043-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PRIVATE INVESTIGATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2018  
**Transaction ID : SA11A.1040657**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. REED, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8991 DOGWOOD ROAD  
 City GERMANTOWN State TN Zip Code 38139-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : SA11A.1044789**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<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 24 OF 82
<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. RIES, MELVIN, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3585 ROUND BARN BOULEVARD APT 329

City SANTA ROSA	State CA	Zip Code 95403-0145
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : SA11A.1043397**

Amount of Each Receipt this Period  
225.00

Memo Item  
CONTRIBUTION

**B. ROBERTS, DALE, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3487 COUNTY LINE ROAD

City LUXEMBURG	State WI	Zip Code 54217-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) RW SPORTS	Occupation (for Individual) 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
04		27		2018

**Transaction ID : SA11A.1043305**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

**C. ROBERTS, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1109 S BAY SHORE DRIVE

City VIRGINIA BEACH	State VA	Zip Code 23451-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

**Transaction ID : SA11A.1043739**

Amount of Each Receipt this Period  
1125.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<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 25 OF 82
	<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**

**A. RODRIGUEZ, N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 698 EATON STREET  
 City MEMPHIS State TN Zip Code 38120-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2018  
**Transaction ID : SA11A.1041353**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. SCHAEFER, HANS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 PLEASANT ST  
 City SOUTHAMPTON State MA Zip Code 01073-9557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2018  
**Transaction ID : SA11A.1040648**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. SCHILFFARTH, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15025 CASCADE DRIVE  
 City ELM GROVE State WI Zip Code 53122-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RBC WEALTH MANAGEMENT Occupation (for Individual) INVESTMENT CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 24 / 2018  
**Transaction ID : SA11A.1044764**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**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 26 OF 82
	<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. SCHLOUGH, STUART, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1655 CONNORS ROAD  
 City MARSHALL State WI Zip Code 53559-9729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 23 / 2018  
**Transaction ID : SA11A.1041526**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. SCHLOUGH, STUART, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1655 CONNORS ROAD  
 City MARSHALL State WI Zip Code 53559-9729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : SA11A.1043095**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. SCHNEIDER, JIM, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N24 W30382 CRYSTAL SPRINGS DRIVE  
 City PEWAUKEE State WI Zip Code 53072-4274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : SA11A.1043112**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<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 27 OF 82  
(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. SCRIVANI, LAUREL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 323

City WEBSTER	State WI	Zip Code 54893-0323
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 13 / 2018  
**Transaction ID : SA11A.1041744**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 CONTRIBUTION

**B. SENSENBRENNER, JOHN, S., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 67

City NEENAH	State WI	Zip Code 54957-0067
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 25 / 2018  
**Transaction ID : SA11A.1041746**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 CONTRIBUTION

**C. SPEAKER, JAMES, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4529 COLUMBIA RD

City CEDARBURG	State WI	Zip Code 53012-9185
-------------------	-------------	------------------------

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

Name of Employer (for Individual) J W SPEAKER CORPORATION	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 04 / 27 / 2018  
**Transaction ID : SA11A.1043066**

Amount of Each Receipt this Period  
 10000.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<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 28 OF 82
	<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. STANFORD, GLORIA, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 W ESTATES DRIVE, APT 5115  
 City MEQUON State WI Zip Code 53092-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 23 / 2018  
**Transaction ID : SA11A.1041516**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. STAR, RICHARD, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19045 WEST THOMSON DRIVE, UNIT I-2  
 City BROOKFIELD State WI Zip Code 53045-5174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENGMAN TAYLOR COMPANY Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2018  
**Transaction ID : SA11A.1043205**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. STAUFFER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 N BALDWIN STREET  
 City MADISON State WI Zip Code 53703-4453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CITY OF MADISON WISCONSIN Occupation (for Individual) LABOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 19 / 2018  
**Transaction ID : SA11A.1041762**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00  
**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 29 OF 82
	<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. STAUFFER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 N BALDWIN STREET  
 City MADISON State WI Zip Code 53703-4453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CITY OF MADISON WISCONSIN Occupation (for Individual) LABOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 30 / 2018  
**Transaction ID : SA11A.1043130**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. STEINER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 HUNT FIELD ROAD  
 City MANAKIN SABOT State VA Zip Code 23103-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : SA11A.1040835**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. STELTER, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2122 PINE STREET  
 City LA CROSSE State WI Zip Code 54601-3811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STUDENT Occupation (for Individual) STUDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1028.02

Date of Receipt 04 / 25 / 2018  
**Transaction ID : SA11A.1041683**  
 Amount of Each Receipt this Period 1028.02  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1478.02
<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 30 OF 82
	<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. STEVENSON, MARION, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1130 N WESTFIELD STREET, APT 2211

City OSHKOSH	State WI	Zip Code 54902-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 30 / 2018  
**Transaction ID : SA11A.1043557**  
 Amount of Each Receipt this Period  
500.00  
 Memo Item  
 CONTRIBUTION

**B. STEWART, WILLIAM, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 159

City STEVENSON	State MD	Zip Code 21153-0159
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) STATE OF MARYLAND		Occupation (for Individual) EXECUTIVE SERVICE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 20 / 2018  
**Transaction ID : SA11A.1041745**  
 Amount of Each Receipt this Period  
250.00  
 Memo Item  
 CONTRIBUTION

**C. STRONG, ISABELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 84

City IRONTON	State MO	Zip Code 63650-
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 253.00

Date of Receipt  
04 / 23 / 2018  
**Transaction ID : SA11A.1040914**  
 Amount of Each Receipt this Period  
253.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1003.00
<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 31 OF 82
	<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. SUKUP, DOUGLAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 S 34TH STREET

City MILWAUKEE	State WI	Zip Code 53215-
-------------------	-------------	--------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04		02		2018

**Transaction ID : SA11A.1039898**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B. TEFO, RICHARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 MOUNT MARY DRIVE

City GREEN BAY	State WI	Zip Code 54311-5810
-------------------	-------------	------------------------

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

Name of Employer (for Individual) GBAA	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04		15		2018

**Transaction ID : SA11A.1040708**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C. TOENJES, WAYNE, A., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) MAJOR INDUSTRIES	Occupation (for Individual) MANAGEMENT
---	---

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
04		24		2018

**Transaction ID : SA11A.1041623**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 82
	<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. TOPITZES, N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 CAMELOT DRIVE  
 City MADISON State WI Zip Code 53705-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2018  
**Transaction ID : SA11A.1040717**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**B. VAIL, BRADFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 S FERRY DRIVE  
 City LAKE MILLS State WI Zip Code 53551-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2018  
**Transaction ID : SA11A.1041617**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**CONTRIBUTION**

**C. VAN DINTER, BERNARD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8081 FIELDING LANE  
 City GREENDALE State WI Zip Code 53129-2115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2018  
**Transaction ID : SA11A.1040203**  
 Amount of Each Receipt this Period  
 235.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	735.00
<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 33 OF 82
	(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**

**A. VANDERKOP, MATHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1704 PARKSIDE DRIVE  
 City PASADENA State TX Zip Code 77502-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : SA11A.1040607**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. WABISZEWSKI, EDMUND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W1173 ILLINOIS AVENUE  
 City GREEN LAKE State WI Zip Code 54941-9706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : SA11A.1043344**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. WALTER, W HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 FINK AVENUE  
 City WILLIAMSPORT State PA Zip Code 17701-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : SA11A.1041364**  
 Amount of Each Receipt this Period 115.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<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 34 OF 82
	<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. WARTOLEC, WALTER, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 CORNELL COURT  
 City MADISON State WI Zip Code 53705-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE INVESTMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 13 / 2018  
**Transaction ID : SA11A.1041082**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. WIRTH, GUSTAV, , , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N48W6100 SPRING STREET  
 City CEDARBURG State WI Zip Code 53012-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DELTA SATELLITE COMPANY Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2018  
**Transaction ID : SA11A.1041748**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. WUESTHOFF, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10737 N ESSEX COURT  
 City MEQUON State WI Zip Code 53092-8531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2018  
**Transaction ID : SA11A.1041850**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<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: (check only one)	PAGE 35 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. ZANOWSKI, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 612 MALCOLM PLACE  
 City ALEXANDRIA State VA Zip Code 22302-3718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US GOVERNMENT Occupation (for Individual) CONGRESSIONAL AFFAIRS  
 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  
 04 / 10 / 2018  
**Transaction ID : SA11A.1040191**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION

**B. ZUBE, ZEVIAH, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 CEDAR RIDGE DRIVE, APT S 301  
 City WEST BEND State WI Zip Code 53095-3667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2018  
**Transaction ID : SA11A.1039767**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

**C. ZUBE, ZEVIAH, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 CEDAR RIDGE DRIVE, APT S 301  
 City WEST BEND State WI Zip Code 53095-3667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2018  
**Transaction ID : SA11A.1041393**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	39141.02

**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 36 OF 82
<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. REPUBLICAN NATIONAL COMMITTEE**

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

Mailing Address 310 1ST ST SE

City WASHINGTON	State DC	Zip Code 20003-1885
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
76150.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	02	/	2018

**Transaction ID : SA11B.1044567**

Amount of Each Receipt this Period  
25350.00

Memo Item  
TRANSFER

**B.**

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25350.00
<b>TOTAL</b> This Period (last page this line number only).....	25350.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 82  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address **2600 NORTHWEST TOPEKA AVENUE**

City <b>TOPEKA</b>	State <b>KS</b>	Zip Code <b>66617-1160</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2806.29**

Date of Receipt  
**04 / 03 / 2018**

**Transaction ID : SA11A.1044717**

Amount of Each Receipt this Period  
**792.05**

Memo Item  
**REFUND**

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

Mailing Address \_\_\_\_\_

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

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

Memo Item

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

Mailing Address \_\_\_\_\_

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

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

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>792.05</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>792.05</b>

**SCHEDULE B (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"/> 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. AMERICA RISING CORPORATION**

Mailing Address 1500 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
RESEARCH SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2837:**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address P.O. BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I28351**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address P.O. BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2835**  
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"/> 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. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2835**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2835**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2835**  
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"/> 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. ANEDOT

Mailing Address P.O. BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : SB21B.I2835I

Amount of Each Disbursement this Period

[ ] 31.20

Memo Item

Full Name (Last, First, Middle Initial)

### B. ANEDOT

Mailing Address P.O. BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : SB21B.I2835I

Amount of Each Disbursement this Period

[ ] 39.25

Memo Item

Full Name (Last, First, Middle Initial)

### C. ANEDOT

Mailing Address P.O. BOX 84314

City: BATON ROUGE State: LA Zip Code: 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	8

FEC Identification Number

C [ ]

Transaction ID : SB21B.I2835I

Amount of Each Disbursement this Period

[ ] 72.25

Memo Item

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

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

[ ] 142.70

[ ]



**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"/> 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. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2835!**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2836C**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.I2836C**  
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"/> 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. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 26 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.I2836**  
Amount of Each Disbursement this Period  
 15.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address P.O. BOX 84314

City **BATON ROUGE** State **LA** Zip Code **70884**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 30 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.I2836**  
Amount of Each Disbursement this Period  
 6.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. BANCARD/FIS MERCHANT SERVICES**

Mailing Address 11000 W LAKE PARK DRIVE

City **MILWAUKEE** State **WI** Zip Code **53224**

Purpose of Disbursement  
**CREDIT CARD PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 10 / 2018

FEC Identification Number

C   
**Transaction ID : SB21B.I2836**  
Amount of Each Disbursement this Period  
 365.89

Memo Item

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

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

387.97

**SCHEDULE B (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"/> 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) <b>A. BMO HARRIS BANK</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2018	
Mailing Address 770 N WATER STREET		FEC Identification Number C [REDACTED]	
City MILWAUKEE	State WI	Zip Code 53201	Transaction ID : <b>SB21B.I2834</b>
Purpose of Disbursement BANK FEE		Category/Type	Amount of Each Disbursement this Period 49.26
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GRANITE LISTS, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2018	
Mailing Address P.O. BOX 262		FEC Identification Number C [REDACTED]	
City DUBLIN	State NH	Zip Code 03444	Transaction ID : <b>SB21B.I28371</b>
Purpose of Disbursement LIST RENTAL		Category/Type	Amount of Each Disbursement this Period 1661.27
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. HILLTOP STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2018	
Mailing Address 110 S SECOND STREET		FEC Identification Number C [REDACTED]	
City MADISON	State WI	Zip Code 53704	Transaction ID : <b>SB21B.I2834</b>
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/Type	Amount of Each Disbursement this Period 3833.33
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5543.86
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input 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. I360, LLC

Mailing Address 29374 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2837  
Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. ISTREAM

Mailing Address 13555 BISHOPS CT, STE 102

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement  
CHECK PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2834E  
Amount of Each Disbursement this Period

[REDACTED] 199.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. PINNACLE LIST COMPANY

Mailing Address 2800 SHIRLINGTON ROAD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2837  
Amount of Each Disbursement this Period

[REDACTED] 1505.00

Memo Item

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

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

[REDACTED] 2704.00

[REDACTED]

**SCHEDULE B (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"/> 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. 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:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I2836I  
Amount of Each Disbursement this Period  
37237.00

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:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I2837I  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. XCEL ENERGY**

Mailing Address P.O. BOX 9477

City MINNEAPOLIS State MN Zip Code 55484

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I2837I  
Amount of Each Disbursement this Period  
765.58

Memo Item

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

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

39502.58  
50448.43

**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"/> 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. BREDEMUS, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 202 N PINCKNEY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2826</b> Amount of Each Disbursement this Period 1409.46	
City MADISON	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement PAYROLL		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BREDEMUS, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 202 N PINCKNEY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2826</b> Amount of Each Disbursement this Period 1409.47	
City MADISON	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement PAYROLL		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. DICKIE, RICHARD, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 126 N. BLAIR ST. #1		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2826</b> Amount of Each Disbursement this Period 1316.74	
City MADISON	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement PAYROLL		Memo Item <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4135.67
<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"/> 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. DICKIE, RICHARD, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 126 N. BLAIR ST. #1		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2827I</b> Amount of Each Disbursement this Period 11.99	
City MADISON	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement EXPENSE REIMBURSEMENT			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DICKIE, RICHARD, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 126 N. BLAIR ST. #1		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2827I</b> Amount of Each Disbursement this Period 1287.74	
City MADISON	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement PAYROLL			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. FLACKEY, RICHELLE, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 532 OLD HIGHWAY 35		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2827I</b> Amount of Each Disbursement this Period 1409.46	
City HUDSON	State WI	Zip Code 54016	Category/ Type
Purpose of Disbursement PAYROLL			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2709.19
<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"/> 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**

**A. FLACKEY, RICHELLE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 532 OLD HIGHWAY 35

City HUDSON State WI Zip Code 54016

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2827

Amount of Each Disbursement this Period: 1409.47

Memo Item

**B. FOSTER, JOHN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2827

Amount of Each Disbursement this Period: 610.37

Memo Item

**C. FOSTER, JOHN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2827

Amount of Each Disbursement this Period: 847.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2867.08

**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"/> 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**

**A. GEHL, PATRICK, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1179 COLUMBUS CIRCLE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C  
Transaction ID : SB30B.I28277  
Amount of Each Disbursement this Period: 1355.96

Memo Item

**B. GEHL, PATRICK, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1179 COLUMBUS CIRCLE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C  
Transaction ID : SB30B.I28277  
Amount of Each Disbursement this Period: 59.10

Memo Item

**C. MILEAGE**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement MILEAGE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 13 / 2018

FEC Identification Number: C  
Transaction ID : SB30B.I2837  
Amount of Each Disbursement this Period: 44.10

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1415.06

**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"/> 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**

**A. GEHL, PATRICK, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1179 COLUMBUS CIRCLE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2827f

Amount of Each Disbursement this Period: 1355.97

Memo Item

**B. GEHL, PATRICK, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1179 COLUMBUS CIRCLE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2827f

Amount of Each Disbursement this Period: 31.35

Memo Item

**C. MILEAGE**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement MILEAGE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2839

Amount of Each Disbursement this Period: 22.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1387.32

**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"/> 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. GUENTHER, ALESHA, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address W1442 SEWARD CIRCLE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2828I</b> Amount of Each Disbursement this Period [REDACTED] 268.25	
City BERLIN	State WI	Zip Code 54923	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GUENTHER, ALESHA, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address W1442 SEWARD CIRCLE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2828I</b> Amount of Each Disbursement this Period [REDACTED] 218.88	
City BERLIN	State WI	Zip Code 54923	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. HEATH, BENJAMIN, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 514 E WASHINGTON AVENUE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2828I</b> Amount of Each Disbursement this Period [REDACTED] 1676.53	
City MADISON	State WI	Zip Code 53703	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2163.66
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (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"/> 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. HEATH, BENJAMIN, , ,**

Mailing Address **514 E WASHINGTON AVENUE**

City **MADISON** State **WI** Zip Code **53703**

Purpose of Disbursement **PAYROLL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 30 / 2018**

FEC Identification Number: **C**

**Transaction ID : SB30B.I2828**

Amount of Each Disbursement this Period: **1676.52**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. HEIMBACH, DONNA, , ,**

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:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 15 / 2018**

FEC Identification Number: **C**

**Transaction ID : SB30B.I2828**

Amount of Each Disbursement this Period: **595.66**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. HEIMBACH, DONNA, , ,**

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:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 30 / 2018**

FEC Identification Number: **C**

**Transaction ID : SB30B.I2828**

Amount of Each Disbursement this Period: **785.56**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **3057.74**

**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"/> 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. HERRERA, MARIO, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018
Mailing Address 31753 OLIVETREE COURT		FEC Identification Number C <b>Transaction ID : SB30B.I2828I</b> Amount of Each Disbursement this Period 1764.29
City WINCHESTER	State CA	
Purpose of Disbursement PAYROLL	Zip Code 92596	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HERRERA, MARIO, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 31753 OLIVETREE COURT		FEC Identification Number C <b>Transaction ID : SB30B.I2828I</b> Amount of Each Disbursement this Period 1764.28
City WINCHESTER	State CA	
Purpose of Disbursement PAYROLL	Zip Code 92596	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HERRERA, MARIO, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 31753 OLIVETREE COURT		FEC Identification Number C <b>Transaction ID : SB30B.I2828I</b> Amount of Each Disbursement this Period 249.60
City WINCHESTER	State CA	
Purpose of Disbursement PAYROLL	Zip Code 92596	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3778.17
<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"/> 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. HUFFMAN, CARLTON, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 2279 W PERSHING STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2828!</b> Amount of Each Disbursement this Period [REDACTED] 1526.51	
City APPLETON	State WI	Zip Code 54914	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HUFFMAN, CARLTON, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 2279 W PERSHING STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2829!</b> Amount of Each Disbursement this Period [REDACTED] 1526.51	
City APPLETON	State WI	Zip Code 54914	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. HUFFMAN, CARLTON, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 2279 W PERSHING STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2829!</b> Amount of Each Disbursement this Period [REDACTED] 78.10	
City APPLETON	State WI	Zip Code 54914	Category/ Type [REDACTED]
Purpose of Disbursement EXPENSE REIMBURSEMENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

3131.12

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I2839:**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. KAPLA, PATRICK, , ,**

Mailing Address 5126 FOUSER FARM ROAD

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I2829:**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. KAPLA, PATRICK, , ,**

Mailing Address 5126 FOUSER FARM ROAD

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I2829**  
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"/> 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**

**A. LOOMIS, LARRY, , ,**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2829

Amount of Each Disbursement this Period: 352.13

Memo Item

**B. LOOMIS, LARRY, , ,**

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2829

Amount of Each Disbursement this Period: 507.93

Memo Item

**C. MARTIN, JACOB, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9405 W HADLEY STREET

City MILWAUKEE State WI Zip Code 53222

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2829

Amount of Each Disbursement this Period: 1091.88

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1951.94

**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"/> 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. MARTIN, JACOB, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 9405 W HADLEY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2829</b> Amount of Each Disbursement this Period [REDACTED] 1091.87	
City MILWAUKEE	State WI	Zip Code 53222	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MIETUS, JAMES, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 2250 TOWN HALL ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2829</b> Amount of Each Disbursement this Period [REDACTED] 1170.23	
City EAGLE RIVER	State WI	Zip Code 54521	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MIETUS, JAMES, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 2250 TOWN HALL ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2829</b> Amount of Each Disbursement this Period [REDACTED] 84.97	
City EAGLE RIVER	State WI	Zip Code 54521	Category/ Type [REDACTED]
Purpose of Disbursement EXPENSE REIMBURSEMENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2347.07
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. MILEAGE**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
MILEAGE EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB30B.I2837!

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MIETUS, JAMES, , ,**

Mailing Address 2250 TOWN HALL ROAD

City  
EAGLE RIVER

State  
WI

Zip Code  
54521

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB30B.I2830C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MORGAN, MARK, , ,**

Mailing Address 3590 BRECKENRIDGE COURT

City  
FITCHBURG

State  
WI

Zip Code  
53713

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB30B.I2830

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"/> 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**

**A. MORGAN, MARK, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3590 BRECKENRIDGE COURT

City FITCHBURG State WI Zip Code 53713

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2830

Amount of Each Disbursement this Period: 2828.48

Memo Item

**B. MORSE, DANIEL, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5205 BARTON ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2830

Amount of Each Disbursement this Period: 1807.52

Memo Item

**C. MORSE, DANIEL, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5205 BARTON ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2830

Amount of Each Disbursement this Period: 1807.52

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6443.52

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input 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. NEWCOMBE, TYLER, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 3192 LONDON ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB30B.I2830!</b> Amount of Each Disbursement this Period [ ] 1323.00	
City EAU CLAIRE	State WI	Zip Code 54701	Category/ Type [ ]
Purpose of Disbursement PAYROLL			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NEWCOMBE, TYLER, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 3192 LONDON ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB30B.I2830!</b> Amount of Each Disbursement this Period [ ] 158.40	
City EAU CLAIRE	State WI	Zip Code 54701	Category/ Type [ ]
Purpose of Disbursement EXPENSE REIMBURSEMENT			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MILEAGE</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address		FEC Identification Number C [ ] <b>Transaction ID : SB30B.I2838</b> Amount of Each Disbursement this Period [ ] 128.40	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement MILEAGE EXPENSE			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1481.40
<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"/> 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. NEWCOMBE, TYLER, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 30 / 2018	
Mailing Address 3192 LONDON ROAD			FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2830</b> Amount of Each Disbursement this Period [REDACTED] 1323.00	
City EAU CLAIRE	State WI	Zip Code 54701	Category/Type [REDACTED]	
Purpose of Disbursement PAYROLL			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1323.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. NICHOLS, CHARLES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 15 / 2018	
Mailing Address 1918 HAWKS RIDGE DRIVE			FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2830</b> Amount of Each Disbursement this Period [REDACTED] 1763.38	
City VERONA	State WI	Zip Code 53593	Category/Type [REDACTED]	
Purpose of Disbursement PAYROLL			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1763.38	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. NICHOLS, CHARLES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 30 / 2018	
Mailing Address 1918 HAWKS RIDGE DRIVE			FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2830</b> Amount of Each Disbursement this Period [REDACTED] 1763.37	
City VERONA	State WI	Zip Code 53593	Category/Type [REDACTED]	
Purpose of Disbursement PAYROLL			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 1763.37	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 4849.75	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[REDACTED]	

**SCHEDULE B (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"/> 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**

**A. POOLE, SCOTT, , ,**

Full Name (Last, First, Middle Initial)

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:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I28311

Amount of Each Disbursement this Period: 1087.56

Memo Item

**B. POOLE, SCOTT, , ,**

Full Name (Last, First, Middle Initial)

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:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I28311

Amount of Each Disbursement this Period: 1087.58

Memo Item

**C. ROHL, EMELIA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address W1794 COUNTY ROAD MM

City PRESCOTT State WI Zip Code 54021

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I28311

Amount of Each Disbursement this Period: 414.23

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2589.37

**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"/> 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. ROHL, EMELIA, , ,**

Date of Disbursement  
MM / DD / YYYY  
04 / 30 / 2018

Mailing Address W1794 COUNTY ROAD MM

City PRESCOTT State WI Zip Code 54021

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
C  
Transaction ID : SB30B.I2831  
Amount of Each Disbursement this Period  
345.81

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ROHL, EMELIA, , ,**

Date of Disbursement  
MM / DD / YYYY  
04 / 30 / 2018

Mailing Address W1794 COUNTY ROAD MM

City PRESCOTT State WI Zip Code 54021

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number  
C  
Transaction ID : SB30B.I2831  
Amount of Each Disbursement this Period  
46.81

Memo Item

Full Name (Last, First, Middle Initial)  
**C. SCHMIDT, KIRSTEN, , ,**

Date of Disbursement  
MM / DD / YYYY  
04 / 15 / 2018

Mailing Address 938 E PEARSON STREET

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:

FEC Identification Number  
C  
Transaction ID : SB30B.I2831  
Amount of Each Disbursement this Period  
1323.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1715.62

**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"/> 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. SCHMIDT, KIRSTEN, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 938 E PEARSON STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2831f</b> Amount of Each Disbursement this Period [REDACTED] 197.41	
City MILWAUKEE	State WI	Zip Code 53202	Category/ Type [REDACTED]
Purpose of Disbursement EXPENSE REIMBURSEMENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MILEAGE</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018	
Mailing Address		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I28384</b> Amount of Each Disbursement this Period [REDACTED] 81.60	
City	State	Zip Code	Category/ Type [REDACTED]
Purpose of Disbursement MILEAGE EXPENSE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SCHMIDT, KIRSTEN, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 938 E PEARSON STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2831</b> Amount of Each Disbursement this Period [REDACTED] 1323.00	
City MILWAUKEE	State WI	Zip Code 53202	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1520.41
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**SCHEDULE B (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"/> 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. SENAT, KHENZER, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 558 N 93RD STREET			
City MILWAUKEE	State WI	Zip Code 53226	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
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:		Amount of Each Disbursement this Period 1475.76	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SENAT, KHENZER, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 558 N 93RD STREET			
City MILWAUKEE	State WI	Zip Code 53226	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
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:		Amount of Each Disbursement this Period 350.80	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SENAT, KHENZER, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 558 N 93RD STREET			
City MILWAUKEE	State WI	Zip Code 53226	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
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:		Amount of Each Disbursement this Period 1475.77	
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3302.33
<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"/> 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. STENCIL, SABRINA, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 2778 E BITTERSWEET COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2832'</b> Amount of Each Disbursement this Period [REDACTED] 130.90	
City WAUSAU	State WI	Zip Code 54401	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. STENCIL, SABRINA, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 2778 E BITTERSWEET COURT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2832'</b> Amount of Each Disbursement this Period [REDACTED] 126.75	
City WAUSAU	State WI	Zip Code 54401	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. STOLTE, CARL, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 3519 ROMA LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2832'</b> Amount of Each Disbursement this Period [REDACTED] 710.46	
City MIDDLETON	State WI	Zip Code 53562	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 968.11
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (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"/> 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. STOLTE, CARL, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address 3519 ROMA LANE		FEC Identification Number C <b>Transaction ID : SB30B.I2832</b> Amount of Each Disbursement this Period 925.19
City MIDDLETON	State WI	
Zip Code 53562	Purpose of Disbursement PAYROLL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ZDROIK, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018
Mailing Address 756 BUS LANE		FEC Identification Number C <b>Transaction ID : SB30B.I2832</b> Amount of Each Disbursement this Period 1504.97
City STEVENS POINT	State WI	
Zip Code 54482	Purpose of Disbursement PAYROLL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ZDROIK, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018
Mailing Address 756 BUS LANE		FEC Identification Number C <b>Transaction ID : SB30B.I2832</b> Amount of Each Disbursement this Period 30.00
City STEVENS POINT	State WI	
Zip Code 54482	Purpose of Disbursement EXPENSE REIMBURSEMENT	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2460.16

**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"/> 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. ZDROIK, JOSHUA, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 756 BUS LANE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2832</b> Amount of Each Disbursement this Period 1504.97	
City STEVENS POINT	State WI	Zip Code 54482	Category/ Type
Purpose of Disbursement PAYROLL			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ZIMMERMAN, ALEC, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2018	
Mailing Address 20 N BLAIR STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2832</b> Amount of Each Disbursement this Period 1637.00	
City MADISON	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement PAYROLL			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ZIMMERMAN, ALEC, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018	
Mailing Address 20 N BLAIR STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB30B.I2832</b> Amount of Each Disbursement this Period 1637.00	
City MADISON	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement PAYROLL			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4778.97
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	8

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I28331  
Amount of Each Disbursement this Period

[REDACTED] 11349.89

Memo Item

Purpose of Disbursement  
PAYROLL TAX

[REDACTED]

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	8

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I28331  
Amount of Each Disbursement this Period

[REDACTED] 526.65

Memo Item

Purpose of Disbursement  
PAYROLL TAX

[REDACTED]

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	8

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I28331  
Amount of Each Disbursement this Period

[REDACTED] 10.83

Memo Item

Purpose of Disbursement  
PAYROLL PROCESSING FEE

[REDACTED]

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

[REDACTED] 11887.37

[REDACTED]

**SCHEDULE B (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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2018

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I2833  
Amount of Each Disbursement this Period

[REDACTED] 79.00

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I2833  
Amount of Each Disbursement this Period

[REDACTED] 11758.74

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2018

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I2833  
Amount of Each Disbursement this Period

[REDACTED] 505.71

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

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

[REDACTED] 12343.45

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

[REDACTED]

**SCHEDULE B (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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement:  /  /

Mailing Address: 140 FELL COURT

City: HAUPPAUGE State: NY Zip Code: 11788

Purpose of Disbursement: PAYROLL PROCESSING FEE

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

FEC Identification Number:   
Transaction ID : SB30B.I28337  
Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement:  /  /

Mailing Address: 140 FELL COURT

City: HAUPPAUGE State: NY Zip Code: 11788

Purpose of Disbursement: PAYROLL PROCESSING FEE

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

FEC Identification Number:   
Transaction ID : SB30B.I28337  
Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. AMERICAN FUNDS SERVICE COMPANY**

Date of Disbursement:  /  /

Mailing Address: BOX 6164

City: INDIANAPOLIS State: IN Zip Code: 46206-6164

Purpose of Disbursement: EMPLOYEE BENEFITS

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

FEC Identification Number:   
Transaction ID : SB30B.I28337  
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"/> 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**

Mailing Address **BOX 6164**

City **INDIANAPOLIS** State **IN** Zip Code **46206-6164**

Purpose of Disbursement **EMPLOYEE BENEFITS**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 30 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB30B.I2833!**  
Amount of Each Disbursement this Period: **1328.63**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. AMERICAN FUNDS SERVICE COMPANY**

Mailing Address **BOX 6164**

City **INDIANAPOLIS** State **IN** Zip Code **46206-6164**

Purpose of Disbursement **EMPLOYEE BENEFITS**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 30 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB30B.I2834!**  
Amount of Each Disbursement this Period: **1345.10**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. DELTA DENTAL**

Mailing Address **P.O. BOX 518**

City **WISCONSIN RAPIDS** State **WI** Zip Code **54495**

Purpose of Disbursement **DENTAL INSURANCE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 23 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB30B.I2834**  
Amount of Each Disbursement this Period: **943.97**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **3617.70**

**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"/> 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 P.O. BOX 44347

City MADISON State WI Zip Code 53744-4347

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2834!

Amount of Each Disbursement this Period: 81.00

Memo Item

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

Mailing Address P.O. BOX 78730

City MILWAUKEE State WI Zip Code 53278

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB30B.I2834!

Amount of Each Disbursement this Period: 9701.90

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9782.90

**TOTAL** This Period (last page this line number only)..... ▶ 103595.03

**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 : mw051718

**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**

**Indicate ratio below**

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
REPUBLICAN PARTY OF WISCONSIN - STATE ACCOUNT	MM / DD / YYYY 04 / 23 / 2018	10588.14

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	10588.14
<b>Transaction ID : A051718</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 Republican Party of Wisconsin

NAME OF ACCOUNT REPUBLICAN PARTY OF WISCONSIN - STATE ACCOUNT	DATE OF RECEIPT MM / DD / YYYY 04 / 23 / 2018	TOTAL AMOUNT TRANSFERRED 6320.00
--	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	6320.00
<b>Transaction ID : B051718</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) <b>Total Amount Transferred For Direct Fundraising</b> .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) <b>Total Amount Transferred For Direct Candidate Support</b> .....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
REPUBLICAN PARTY OF WISCONSIN - STATE ACCOUNT	MM / DD / YYYY 04 / 23 / 2018	3163.62

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	3163.62
<b>Transaction ID : C051718</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	20071.76
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	20071.76

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 : A051818**  Memo Item

**Advanced Disposal - Madison**

Mailing Address PO Box 74008053

City Chicago State IL Zip Code 60674

Purpose of Disbursement: WASTE REMOVAL

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 106600.91

Date: 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.75		239.84		303.59

**B. Full Name (Last, First, Middle Initial) Transaction ID : B051818**  Memo Item

**Aspect Consulting, LLC**

Mailing Address 8401 Excelsior Drive

City Madison State WI Zip Code 53717

Purpose of Disbursement: COMPLIANCE CONSULTING

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 115600.91

Date: 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1890.00		7110.00		9000.00

**C. Full Name (Last, First, Middle Initial) Transaction ID : C051818**  Memo Item

**Best Buds LLC**

Mailing Address 348 Woodland Circle

City Madison State WI Zip Code 53704

Purpose of Disbursement: SNOW REMOVAL

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 116960.91

Date: 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
285.60		1074.40		1360.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2239.35		8424.24		10663.59

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

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 : D051818**  Memo Item

**Century Springs Bottling Co.**

Mailing Address PO Box 856858

City: Minneapolis State: MN Zip Code: 55485

Purpose of Disbursement: BOTTLED WATER

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 117050.91

Date: 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.90		71.10		90.00

**B. Full Name (Last, First, Middle Initial) Transaction ID : E051818**  Memo Item

**Charter - Madison**

Mailing Address PO Box 2981

City: Milwaukee State: WI Zip Code: 53201

Purpose of Disbursement: CABLE

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 117337.20

Date: 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.12		226.17		286.29

**C. Full Name (Last, First, Middle Initial) Transaction ID : F051818**  Memo Item

**Kate Lind Legal, LLC**

Mailing Address 8401 Excelsior Drive

City: Madison State: WI Zip Code: 53717

Purpose of Disbursement: LEGAL SERVICES

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 118337.20

Date: 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
289.02		1087.27		1376.29

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



**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 : G051818</b> <input type="checkbox"/> Memo Item			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			
Madison Gas and Electric Mailing Address PO Box 1231			Allocated Activity or Event Year-To-Date 119173.51			
City Madison	State WI	Zip Code 53701	Date: MM / DD / YYYY 04 / 23 / 2018			
Purpose of Disbursement: UTILITIES		Category/ Type	Allocated Activity or Event Year-To-Date 119173.51			
Activity or Event Identifier:			Date: MM / DD / YYYY 04 / 23 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
175.63			660.68			836.31

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H051818</b> <input type="checkbox"/> Memo Item			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			
Target Point Consulting, Inc. Mailing Address 66 Canal Center Plaza			Allocated Activity or Event Year-To-Date 126173.51			
City Alexandria	State VA	Zip Code 22314	Date: MM / DD / YYYY 04 / 23 / 2018			
Purpose of Disbursement: DATA CONSULTING		Category/ Type	Allocated Activity or Event Year-To-Date 126173.51			
Activity or Event Identifier:			Date: MM / DD / YYYY 04 / 23 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
1470.00			5530.00			7000.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : J051818</b> <input type="checkbox"/> Memo Item			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			
TDS - Madison 5590 Mailing Address PO Box 94510			Allocated Activity or Event Year-To-Date 126519.78			
City Palatine	State IL	Zip Code 60094	Date: MM / DD / YYYY 04 / 23 / 2018			
Purpose of Disbursement: OFFICE PHONES		Category/ Type	Allocated Activity or Event Year-To-Date 126519.78			
Activity or Event Identifier:			Date: MM / DD / YYYY 04 / 23 / 2018			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
72.72			273.55			346.27

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1718.35		6464.23		8182.58

**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
[ ]	[ ]	[ ]

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 : K051818**  Memo Item

**TDS Metrocom**

Mailing Address PO Box 94510

City Palatine State IL Zip Code 60094

Purpose of Disbursement: OFFICE PHONES

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 127700.03

Date 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
247.85		932.40		1180.25

**B. Full Name (Last, First, Middle Initial) Transaction ID : L051818**  Memo Item

**Wells Fargo Vendor Financial Service**

Mailing Address PO Box 105710

City Atlanta State GA Zip Code 30348

Purpose of Disbursement: COPIER LEASE

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date 131704.61

Date 04 / 23 / 2018

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.96		3163.62		4004.58

**C. Full Name (Last, First, Middle Initial)**  Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:  Administrative  Fundraising  Exempt  Voter Drive  Direct Candidate Support  Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1088.81		4096.02		5184.83

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
5335.53	20071.76	25407.29