

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Republican Party of Wisconsin

ADDRESS (number and street) 148 E. Johnson Street

Check if different than previously reported. (ACC)

Madison WI 53703

2. **FEC IDENTIFICATION NUMBER** C00074450

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 12 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cathy Stepp

Signature of Treasurer Electronically Filed by Cathy Stepp Date 02 05 2010

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

Office Use Only												<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		286935.52
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	340916.03									
(c) Total Receipts (from Line 19) .....	116852.22	1287058.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	457768.25	1573993.66								
7. Total Disbursements (from Line 31) .....	104471.01	1220696.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	353297.24	353297.24								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	56911.00	309208.63
(ii) Unitemized .....	49184.98	781789.95
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	106095.98	1090998.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10700.00	39641.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	116795.98	1130639.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	150703.90
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) .....	56.24	5714.66
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	116852.22	1287058.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	116852.22	1287058.14

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1154.48	20702.45
(ii) Non-Federal Share.....	6542.02	117314.30
(b) Other Federal Operating Expenditures.....	32740.97	415788.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	40437.47	553805.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	1764.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	120.00
(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	120.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 .....	64033.54	660007.30
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	64033.54	660007.30
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	104471.01	1220696.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97928.99	1103382.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	116795.98	1130639.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	116795.98	1130519.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33895.45	436490.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	56.24	5714.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33839.21	430776.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 76
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Vicki Amundson	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 842 N. 8th St	<b>Transaction ID:</b> SA11AI.80142
	City State Zip Code Black River Falls WI 54615-9107	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Wausau Ins. Co,s	Occupation Cash Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Bahl	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 2001 S Prairie Ave	<b>Transaction ID:</b> SA11AI.81923
	City State Zip Code Waukesha WI 53189	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Weldall Manufacturing	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Banas	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 2823 Aspen Rd	<b>Transaction ID:</b> SA11AI.81625
	City State Zip Code Rhineland WI 54501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Ministry Health Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<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 7 / 76
	<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.** Full Name (Last, First, Middle Initial)  
Mr. Ettore Barbatelli

Mailing Address 200 Kawama Ln

City State Zip Code  
Palm Beach FL 33480-3615

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

Name of Employer Occupation  
Travel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

**Transaction ID:** SA11AI.81309

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Laurence Berg

Mailing Address 151 Fairway Ct

City State Zip Code  
Onalaska WI 54650-8713

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

Name of Employer Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

**Transaction ID:** SA11AI.80463

Amount of Each Receipt this Period  
100.00

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

Mailing Address 25105 Runyard Way East

City State Zip Code  
Trevor WI 53179-9124

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.81043

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 76
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Don Bleser		Date of Receipt
	Mailing Address 1804 30th St		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Two Rivers	WI	54241
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.80833
Name of Employer N/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="400.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sarah Blockhus		Date of Receipt
	Mailing Address E2480 Quail Run Rd		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Eau Claire	WI	54701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.80624
Name of Employer N/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="450.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lewis Brooks		Date of Receipt
	Mailing Address 4886 Gilkeson Rd		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Waunakee	WI	53597
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81266
Name of Employer Information requested		Occupation Information requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 76  
(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 (Last, First, Middle Initial)  
Reginald Buchanan

Mailing Address PO Box 195

City State Zip Code  
Union Grove WI 53182

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Tutor

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.80490

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 63

City State Zip Code  
Mount Horeb WI 53572-0063

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Information requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.80639

Amount of Each Receipt this Period  
35.00

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

Mailing Address 937 E. Pondview Ct

City State Zip Code  
Appleton WI 54913-6607

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 248.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.80541

Amount of Each Receipt this Period  
48.00

**SUBTOTAL** of Receipts This Page (optional) ..... 183.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 76  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Shirley Cuff

Mailing Address 530 Garfield St

City State Zip Code  
Wisconsin Rapids WI 54494-4815

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.79894

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
David Cullen

Mailing Address 225 Sinclair St

City State Zip Code  
Janesville WI 53545

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

Name of Employer Information Requested Occupation Information Requested  
JP Cullen & Sons Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.79948

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Cullen

Mailing Address PO Box 1957

City State Zip Code  
Janesville WI 53547

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

Name of Employer Information Requested Occupation Information Requested  
J.P. Cullen & Sons Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.79977

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4050.00**

**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 / 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Helene Duckart

Mailing Address 3998 County Rd D

City State Zip Code  
Wisconsin Rapids WI 54495

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.80419

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward Emma

Mailing Address W1144 Siena Circle

City State Zip Code  
Lake Geneva WI 53147

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

Name of Employer Jockey International Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** SA11AI.81807

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Bryan Farmer

Mailing Address 3667 Tamarack Ln

City State Zip Code  
Eau Claire WI 54701-7285

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2009

**Transaction ID:** SA11AI.81399

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **185.00**

**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 / 76
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Feller		Date of Receipt
	Mailing Address 2618 22nd Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Monroe	WI	53566
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81130
Name of Employer Monroe Truck Equipment		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1200.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) William Flader		Date of Receipt
	Mailing Address 17 Fuller Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Madison	WI	53704
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81546
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 325.00	<input type="text"/> 75.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Gilomen		Date of Receipt
	Mailing Address PO Box 564		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Land O Lakes	WI	54540
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.81097
Name of Employer Gilomen Truck & Equipment		Occupation Executive'	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 675.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 76  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Alvin Greason

Mailing Address N8145 School Forrest Lane

City State Zip Code  
Crivitz WI 54114

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2009

**Transaction ID:** SA11AI.79691

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11702 W Mequon Road 112N

City State Zip Code  
Mequon WI 53097

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

Name of Employer Kromer Cap Co., Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2009

**Transaction ID:** SA11AI.80755

Amount of Each Receipt this Period  
500.00

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

Mailing Address 31824 Muscovy Dr

City State Zip Code  
Hartland WI 53029

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

Name of Employer M & I Bank Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** SA11AI.79884

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 76
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Heide		Date of Receipt
	Mailing Address 5825 Sixth Place		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kenosha	WI	53144
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.81716
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
Name of Employer Vesta, Inc		Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="900.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Rae Heiple		Date of Receipt
	Mailing Address 734 E Lake View Ave		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Milwaukee	WI	53217
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.80489
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>
Name of Employer Information requested		Occupation Information requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Diane Hendricks		Date of Receipt
	Mailing Address PO Box 65		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Janesville	WI	53545
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.81424
		Amount of Each Receipt this Period	<input type="text" value="10000.00"/>
Name of Employer ABC Supply Company, Inc		Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10350.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)

Karen Jacobson

Mailing Address 941 Racine St

City State Zip Code  
Delavan WI 53115-1417

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

Name of Employer Information Requested Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.81500

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Jahnke

Mailing Address 1002 Hawthorn Dr

City State Zip Code  
Waukesha WI 53188-2958

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.81010

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Tali Johnson

Mailing Address 10559 Michigan Ave

City State Zip Code  
Hayward WI 54843

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.80288

Amount of Each Receipt this Period  
10000.00

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

10200.00

**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 16 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Carol Jung

Mailing Address W356n6725 E. Stonewood Dr

City State Zip Code  
Oconomowoc WI 53066-6215

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

Name of Employer Information Requested Occupation  
Unknown

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.80921

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Darryl Kaminski

Mailing Address 5879 Oakwood Ave

City State Zip Code  
Greendale WI 53129-2521

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

Name of Employer Information Requested Occupation  
Information requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.79716

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Darryl Kaminski

Mailing Address 5879 Oakwood Ave

City State Zip Code  
Greendale WI 53129-2521

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

Name of Employer Information Requested Occupation  
Information requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.80116

Amount of Each Receipt this Period

50.00

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

200.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jerrald Kindschi

Mailing Address S8931 U.S. Hwy 12

City State Zip Code  
Prairie Du Sac WI 53578-9723

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** SA11AI.81516

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Walter King

Mailing Address 1105 26 3/4 Ave R1

City State Zip Code  
Cumberland WI 54829

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

Name of Employer Lockheed Martin Occupation Software Eng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2009

**Transaction ID:** SA11AI.80547

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Herbert Kohler

Mailing Address 441 Green Tree Road

City State Zip Code  
Kohler WI 53044

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

Name of Employer The Kohler Company Occupation Chairman/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2009

**Transaction ID:** SA11AI.81421

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 18 / 76  
(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 (Last, First, Middle Initial)  
Mr. David Lane

Mailing Address 2537 Northern Harrier Pass

City State Zip Code  
Green Bay WI 54313-3995

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.79751

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Lane

Mailing Address 2537 Northern Harrier Pass

City State Zip Code  
Green Bay WI 54313-3995

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11AI.80826

Amount of Each Receipt this Period  
25.00

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

Mailing Address 4920 S Lowes Creek Rd

City State Zip Code  
Eau Claire WI 54701

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

Name of Employer Larson Companies Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81531

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

**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 19 / 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Lehner

Mailing Address 3907 Lighthouse Dr

City State Zip Code  
Racine WI 53402-3619

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

Name of Employer Occupation  
Ophthalmology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

**Transaction ID:** SA11AI.80406

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lynne Lenius

Mailing Address 2586 W Palisades Dr

City State Zip Code  
Menasha WI 54952-1006

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

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID:** SA11AI.79915

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
David Lenz

Mailing Address PO Box 620994

City State Zip Code  
Middleton WI 53562-0994

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

Name of Employer Occupation  
North Central Management Inc Dev. & Mgmt.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** SA11AI.81711

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 / 76
	<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.** Full Name (Last, First, Middle Initial)  
Barbara Lynch

Mailing Address 1230 E. Courtland Place

City Milwaukee State WI Zip Code 53211

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 28 / 2009

Transaction ID: SA11AI.81420

Amount of Each Receipt this Period 10000.00

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

Mailing Address 508 Valley View Dr.

City Hudson State WI Zip Code 54016

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

Name of Employer Self Occupation Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 30 / 2009

Transaction ID: SA11AI.81764

Amount of Each Receipt this Period 75.00

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

Mailing Address 318 Fond du Lac Ave

City Eden State WI Zip Code 53019

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

Name of Employer Self Occupation Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 17 / 2009

Transaction ID: SA11AI.80813

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10175.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 76  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
John Menard

Mailing Address 603 Lamplighter Court

City Eau Claire State WI Zip Code 54701

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

Name of Employer Menard, Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 21 / 2009  
Transaction ID: SA11AI.81057  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gordon Millar

Mailing Address 8151 N. Stone Farm Rd

City Edgerton State WI Zip Code 53534-9751

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 12 / 11 / 2009  
Transaction ID: SA11AI.80429  
Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
James Mode

Mailing Address N2861 Mode Ln

City Fort Atkinson State WI Zip Code 53538

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

Name of Employer Self Occupation Dairy Farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 30 / 2009  
Transaction ID: SA11AI.81919  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 76  
(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 (Last, First, Middle Initial)  
Mr. William Naleid

Mailing Address 1100 Fountain Hills Dr #338c

City State Zip Code  
Racine WI 53406-6733

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.81121

Amount of Each Receipt this Period  
200.00

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

Mailing Address 614 Williams St

City State Zip Code  
Viroqua WI 54665-1051

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

Name of Employer Vernon County Occupation Reg of Deeds

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81641

Amount of Each Receipt this Period  
35.00

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

Mailing Address 4206 Yuma Dr.

City State Zip Code  
Madison WI 53711

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81864

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

**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 23 / 76
	<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.** Full Name (Last, First, Middle Initial)  
Edward Orton

Mailing Address 2121 Dickinson Rd Apt 9

City De Pere State WI Zip Code 54115-1647

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

Name of Employer Information Requested Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 10 / 2009  
**Transaction ID: SA11AI.80283**  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lorraine Petersen

Mailing Address 401 Bashaw St

City Spooner State WI Zip Code 54801-1419

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

Name of Employer N/a Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 12 / 21 / 2009  
**Transaction ID: SA11AI.81134**  
Amount of Each Receipt this Period: 100.00

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

Mailing Address N64 W14495 Poplar Dr

City Menomonee Falls State WI Zip Code 53051-5176

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

Name of Employer PKWART Inc. Occupation Sr Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 05 / 2009  
**Transaction ID: SA11AI.82154**  
Amount of Each Receipt this Period: 100.00  
Best efforts compliance  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 76  
(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 (Last, First, Middle Initial)  
Mr. Lon Rademacher

Mailing Address 1276 Garret Bay Rd P o Box 138

City State Zip Code  
Ellison Bay WI 54210-0138

FEC ID number of contributing federal political committee. C

Name of Employer  
Unknown

Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81817

Amount of Each Receipt this Period  
100.00

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

Mailing Address 501 Buckingham Way

City State Zip Code  
Hartland WI 53029

FEC ID number of contributing federal political committee. C

Name of Employer  
Information requested

Occupation  
Information requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.80318

Amount of Each Receipt this Period  
100.00

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

Mailing Address N56 W12546 Silver Spring Road

City State Zip Code  
Menomonee Falls WI 53051-6114

FEC ID number of contributing federal political committee. C

Name of Employer  
Self

Occupation  
Excavating Contractor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
799.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.79779

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 76
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry Reynolds	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address N56 W12546 Silver Spring Road	<b>Transaction ID:</b> SA11AI.81486
	City State Zip Code Menomonee Falls WI 53051-6114	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Excavating Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 899.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John Riesch	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address W148n12919 Pleasant View Dr	<b>Transaction ID:</b> SA11AI.79925
	City State Zip Code Germantown WI 53022-1519	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medical Associates Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert L. Roesler	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 4035 S. 84th St	<b>Transaction ID:</b> SA11AI.80711
	City State Zip Code Greenfield WI 53228-2335	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Homes for Independent Living Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	275.00
<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 26 / 76  
(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 (Last, First, Middle Initial)  
Mr. Bernard Ruf

Mailing Address Rt 2 15298 Hwy 23 No

City State Zip Code  
Darlington WI 53530

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

Name of Employer Insurance Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81927

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2675 Buckingham Place

City State Zip Code  
Brookfield WI 53045-4195

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

Name of Employer Information Requested Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81703

Amount of Each Receipt this Period  
250.00

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

Mailing Address 568 232nd Ave

City State Zip Code  
Somerset WI 54025-7330

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81818

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 76
	<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.**

Full Name (Last, First, Middle Initial)  
Gary Schwefel

Mailing Address P.O.Box 493

City State Zip Code  
Fond Du Lac WI 54936

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

Name of Employer Consultants Lab of Wisc. Occupation Medical Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81491

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory Seffrood

Mailing Address W5885 Clar-Ken Rd

City State Zip Code  
Monroe WI 53566-1118

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81839

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jack Sneesby

Mailing Address 1301 College Ave., Unit 2A

City State Zip Code  
South Milwaukee WI 53172

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81649

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 76  
(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 (Last, First, Middle Initial)  
Ivan Springstead

Mailing Address N4149 County Road A

City State Zip Code  
Cambridge WI 53523

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

Name of Employer Information requested Occupation Information requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.81049

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Steffenhagen

Mailing Address 5372 Park Way

City State Zip Code  
Madison WI 53705-2663

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

Name of Employer Uw-madison Occupation Asst Dean

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.80130

Amount of Each Receipt this Period  
50.00

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

Mailing Address 5372 Park Way

City State Zip Code  
Madison WI 53705-2663

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

Name of Employer Uw-madison Occupation Asst Dean

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81997

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 76  
(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 (Last, First, Middle Initial)  
Stockbridge-Munsee Community

Mailing Address N8705 Mohheconnuck Road

City State Zip Code  
Bowler WI 54416

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.82009

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 2023 Springbrook S.

City State Zip Code  
Waukesha WI 53186-1200

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

Name of Employer Occupation  
Unknown

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

**Transaction ID:** SA11AI.81363

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1310 E. 10th St

City State Zip Code  
Merrill WI 54452-1547

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

Name of Employer Occupation  
Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.80427

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
William Van Dongen

Mailing Address N1628 S White River

City State Zip Code  
Wautoma WI 54982

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81887

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Helen Wall

Mailing Address 106 E. Wall St

City State Zip Code  
Holmen WI 54636-9616

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

**Transaction ID:** SA11AI.81423

Amount of Each Receipt this Period  
10000.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Walz

Mailing Address W4898 N Kinney Coulee Rd

City State Zip Code  
Onalaska WI 54650-8613

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.81909

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10300.00

**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 31 / 76  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.**

Full Name (Last, First, Middle Initial)  
Walter Wartolec

Mailing Address 927 Cornell Court

City Madison State WI Zip Code 53705

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

Name of Employer Blackhawk Investments Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 30 / 2009  
**Transaction ID: SA11AI.81924**  
 Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Marion Welsh

Mailing Address PO Box 6

City Mount Hope State WI Zip Code 53816-0006

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 10 / 2009  
**Transaction ID: SA11AI.80341**  
 Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Marion Welsh

Mailing Address PO Box 6

City Mount Hope State WI Zip Code 53816-0006

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 17 / 2009  
**Transaction ID: SA11AI.80839**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**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 32 / 76  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Williamson  
Mailing Address 112835 W Euclid Ct

City State Zip Code  
New Berlin WI 53151

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

Name of Employer Occupation  
Drydon Equipment Inc. Mtg Rep.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009  
Transaction ID: SA11AI.81858  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Fred Young  
Mailing Address 3201 Michigan Blvd

City State Zip Code  
Racine WI 53402

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

Name of Employer Occupation  
Young Radiator Company President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009  
Transaction ID: SA11AI.81735  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Laverne Zastrow  
Mailing Address 622 W Elm St

City State Zip Code  
River Falls WI 54022-2006

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
12 / 18 / 2009  
Transaction ID: SA11AI.80946  
Amount of Each Receipt this Period 100.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 76  
(check only one)

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

A.

Full Name (Last, First, Middle Initial)  
Richard Ziemann

Mailing Address 543 S State St

City	State	Zip Code
Fall Creek	WI	54742

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

Name of Employer  
Lehman Drug Inc

Occupation  
Pharmacist

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.80909

Amount of Each Receipt this Period  
48.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	48.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	56911.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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.**

Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 PENNSYLVANIA AVE NW STE 1100

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11C.82006

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
RENT-A-CENTER, INC. GOOD GOVERNMENT POLITICAL ACTION COMMITTEE

Mailing Address 5501 Headquarters Dr.  
Floor 3

City State Zip Code  
Plano TX 75024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11C.82003

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)  
RENT-A-CENTER, INC. GOOD GOVERNMENT POLITICAL ACTION COMMITTEE

Mailing Address 5501 Headquarters Dr.  
Floor 3

City State Zip Code  
Plano TX 75024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11C.82004

Amount of Each Receipt this Period

2000.00

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

4200.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 76  
(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 (Last, First, Middle Initial)  
JA PLUMBING & PIPE FITTING INDUSTRY

Mailing Address 901 MASSACHUSETTS AVE NW

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 9

**Transaction ID:** SA11C.81999

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address c/o Zeneca Inc.  
1800 Concord Pike, PO Box 15437

City State Zip Code  
Wilmington DE 19850

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11C.82001

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
ZENECA INC. POLITICAL ACTION COMMITTEE

Mailing Address c/o Zeneca Inc.  
1800 Concord Pike, PO Box 15437

City State Zip Code  
Wilmington DE 19850

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11C.82008

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**TOTAL** This Period (last page this line number only) ..... ► **10700.00**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Aspect Consulting LLC</p> <p>Mailing Address 3103 Susan Ct</p> <p>City Cross Plains State WI Zip Code 53528</p> <p>Purpose of Disbursement Compliance consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82031</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2250.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Aspect Consulting LLC</p> <p>Mailing Address 3103 Susan Ct</p> <p>City Cross Plains State WI Zip Code 53528</p> <p>Purpose of Disbursement Compliance consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82035</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Aspect Consulting LLC</p> <p>Mailing Address 3103 Susan Ct</p> <p>City Cross Plains State WI Zip Code 53528</p> <p>Purpose of Disbursement Compliance consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82093</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2250.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="5000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Campaign Now Mailing Address 1126 S 70th St City Milwaukee State WI Zip Code 53214 Purpose of Disbursement VoIP Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.82139 Date of Disbursement 12 / 23 / 2009
	Amount of Each Disbursement this Period 6201.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Domain Hosting Services Mailing Address 900 W Grove Pkwy City Tempe State AZ Zip Code 85283 Purpose of Disbursement Domain hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.82151 Date of Disbursement 11 / 27 / 2009
	Amount of Each Disbursement this Period 79.99
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type  <b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) eDonation.com Mailing Address 118 North Saint Asaph St. City Alexandria State VA Zip Code 22314 Purpose of Disbursement Credit card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.82032 Date of Disbursement 12 / 14 / 2009
	Amount of Each Disbursement this Period 45.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6246.00
<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"/> 24	<input type="checkbox"/> 25	<input 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

A.	Full Name (Last, First, Middle Initial) eDonation.com	Transaction ID: SB21B.82104 Date of Disbursement 12 / 30 / 2009
	Mailing Address 118 North Saint Asaph St.	Amount of Each Disbursement this Period 52.12
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement credit card processing fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Facebook Advertising	Transaction ID: SB21B.82141 Date of Disbursement 11 / 10 / 2009
	Mailing Address 156 University Ave	Amount of Each Disbursement this Period 9.82
	City Palo Alto State CA Zip Code 94301	
	Purpose of Disbursement Facebook ad Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GoDaddy.com	Transaction ID: SB21B.82143 Date of Disbursement 11 / 13 / 2009
	Mailing Address 14455 N. Hayden Rd. #219	Amount of Each Disbursement this Period 4.99
	City Scottsdale State AZ Zip Code 85260	
	Purpose of Disbursement Domain registration Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	52.12
<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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) GoDaddy.com</p> <p>Mailing Address 14455 N. Hayden Rd. #219</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement Domain registration</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82144</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 10.87</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Google</p> <p>Mailing Address 1600 Amphitheatre Pkwy</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Google ad words</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82147</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 188.05</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hyatt Regency Milwaukee</p> <p>Mailing Address 333 W Kilbourne</p> <p>City Milwaukee State WI Zip Code 53203</p> <p>Purpose of Disbursement Hotel room rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82036</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1446.41</p>

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

1446.41

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) iStockphoto	Transaction ID: SB21B.82148 Date of Disbursement 11 / 20 / 2009
	Mailing Address 1240 20th Ave SE	Amount of Each Disbursement this Period 38.00
	City Calgary, Alberta State Zip Code	
	Purpose of Disbursement Stock photos	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) iStockphoto	Transaction ID: SB21B.82150 Date of Disbursement 11 / 20 / 2009
	Mailing Address 1240 20th Ave SE	Amount of Each Disbursement this Period 38.00
	City Calgary, Alberta State Zip Code	
	Purpose of Disbursement Stock photos	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) iStockphoto	Transaction ID: SB21B.82152 Date of Disbursement 12 / 01 / 2009
	Mailing Address 1240 20th Ave SE	Amount of Each Disbursement this Period 38.00
	City Calgary, Alberta State Zip Code	
	Purpose of Disbursement Stock photos	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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"/> 24	<input type="checkbox"/> 25	<input 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

**A.** Full Name (Last, First, Middle Initial)  
M&I Bank Credit Card Processing Center

Mailing Address PO Box 3052

City Milwaukee State WI Zip Code 53201

Purpose of Disbursement  
Credit card payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.82101

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1025.86

**B.** Full Name (Last, First, Middle Initial)  
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Bank fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.82132

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

45.00

**C.** Full Name (Last, First, Middle Initial)  
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement  
Bank fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.82135

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

45.00

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

1115.86

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.82137
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 01 / 2009
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.82017
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 02 / 2009
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.82034
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 14 / 2009
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 241.27
	Purpose of Disbursement Bank fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>331.27</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.82134
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 14 / 2009
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.82136
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 14 / 2009
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&I Bank of Southern Wisconsin	Transaction ID: SB21B.82138
	Mailing Address P.O. Box 5920	Date of Disbursement 12 / 14 / 2009
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement Bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>135.00</b>
<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)

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

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.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.82131 Date of Disbursement																			
	Mailing Address P.O. Box 5920	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee	<table border="1"><tr><td>15.95</td></tr></table>	15.95																		
15.95																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.82030 Date of Disbursement																			
	Mailing Address P.O. Box 5920	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit card processing fee	<table border="1"><tr><td>191.95</td></tr></table>	191.95																		
191.95																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.82133 Date of Disbursement																			
	Mailing Address P.O. Box 5920	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
	City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee	<table border="1"><tr><td>15.95</td></tr></table>	15.95																		
15.95																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>223.85</td></tr></table>	223.85
223.85		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Ryan Mahoney	Transaction ID: SB21B.82098 Date of Disbursement 12 / 23 / 2009
	Mailing Address 7608 Hamilton Spring Rd	Amount of Each Disbursement this Period 43.69
	City Bethesda State MD Zip Code 20817	
	Purpose of Disbursement Cellphone reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Mize	Transaction ID: SB21B.82094 Date of Disbursement 12 / 23 / 2009
	Mailing Address 3103 Susan Ct	Amount of Each Disbursement this Period 156.48
	City Cross Plains State WI Zip Code 53528	
	Purpose of Disbursement Expense reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82142 Date of Disbursement 11 / 12 / 2009
	Mailing Address #774100, 4100 Solutions Center	Amount of Each Disbursement this Period 19.95
	City Chicago State IL Zip Code 60677-4001	
	Purpose of Disbursement Credit card processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	200.17
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) PostMaster	Transaction ID: SB21B.82024 Date of Disbursement
	Mailing Address PO Box 7005	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Madison State WI Zip Code 53707	Amount of Each Disbursement this Period
	Purpose of Disbursement Postal fees	<input type="text" value="185.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PostMaster	Transaction ID: SB21B.82091 Date of Disbursement
	Mailing Address PO Box 7005	<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Madison State WI Zip Code 53707	Amount of Each Disbursement this Period
	Purpose of Disbursement BRM postage	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Reince Priebus	Transaction ID: SB21B.82092 Date of Disbursement
	Mailing Address 2340 2nd Street	<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Kenosha State WI Zip Code 54140	Amount of Each Disbursement this Period
	Purpose of Disbursement Expense reimbursement	<input type="text" value="94.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1279.05"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) TableAndHome.com	Transaction ID: SB21B.82145 Date of Disbursement 11 / 17 / 2009
	Mailing Address 2 Sasev Ct	Amount of Each Disbursement this Period 598.19
	City Monroe State NY Zip Code 10950	
	Purpose of Disbursement Crystal elephants	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The Champion Group	Transaction ID: SB21B.82102 Date of Disbursement 12 / 23 / 2009
	Mailing Address 6652 Offshore Drive	Amount of Each Disbursement this Period 1100.00
	City Madison State WI Zip Code 53705	
	Purpose of Disbursement Political consulting - opp research	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.82026 Date of Disbursement 12 / 03 / 2009
	Mailing Address 925 Harrington Drive	Amount of Each Disbursement this Period 500.00
	City Madison State WI Zip Code 53718	
	Purpose of Disbursement Fundraising management fee	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1600.00
<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"/> 24	<input type="checkbox"/> 25	<input 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Unisource Direct</p> <p>Mailing Address 925 Harrington Drive</p> <p>City Madison State WI Zip Code 53718</p> <p>Purpose of Disbursement Finance mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82028</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Unisource Direct</p> <p>Mailing Address 925 Harrington Drive</p> <p>City Madison State WI Zip Code 53718</p> <p>Purpose of Disbursement Finance mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82038</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9175.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Unisource Direct</p> <p>Mailing Address 925 Harrington Drive</p> <p>City Madison State WI Zip Code 53718</p> <p>Purpose of Disbursement Finance mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.82080</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2301.23"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="14976.23"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Wisc. Dept of Revenue - Sls Tax

Mailing Address PO Box 93389

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement  
Sales/Use tax

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.82100

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

126.00

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

126.00

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

32731.96

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.82068

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

629.56

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

Mailing Address 919 N 5th Street

City Sheboygan State WI Zip Code 53081

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.82046

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

441.99

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

Mailing Address 919 N 5th Street

City Sheboygan State WI Zip Code 53081

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB30B.82109

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

441.99

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

1513.54

**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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.82056 Date of Disbursement 12 / 15 / 2009
	Mailing Address 250 Femrite Drive	Amount of Each Disbursement this Period 451.82
	City Madison State WI Zip Code 53716	
	Purpose of Disbursement Payroll	
	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.	Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.82119 Date of Disbursement 12 / 31 / 2009
	Mailing Address 250 Femrite Drive	Amount of Each Disbursement this Period 764.00
	City Madison State WI Zip Code 53716	
	Purpose of Disbursement Payroll	
	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:	

C.	Full Name (Last, First, Middle Initial) Matthew Brabender	Transaction ID: SB30B.82057 Date of Disbursement 12 / 15 / 2009
	Mailing Address 3914 Rieder Road #1	Amount of Each Disbursement this Period 405.44
	City Madison State WI Zip Code 53704	
	Purpose of Disbursement Payroll	
	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) .....	▶	1621.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Matthew Brabender	Transaction ID: SB30B.82120 Date of Disbursement 12 / 31 / 2009
	Mailing Address 3914 Rieder Road #1	Amount of Each Disbursement this Period 572.82
	City Madison State WI Zip Code 53704	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Molly Christianson	Transaction ID: SB30B.82053 Date of Disbursement 12 / 15 / 2009
	Mailing Address 5133 Woodfield Dr.	Amount of Each Disbursement this Period 131.60
	City Carmel State IN Zip Code 46033	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Molly Christianson	Transaction ID: SB30B.82116 Date of Disbursement 12 / 31 / 2009
	Mailing Address 5133 Woodfield Dr.	Amount of Each Disbursement this Period 136.80
	City Carmel State IN Zip Code 46033	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	841.22
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrew Davis</p> <p>Mailing Address 827 Michigan Ave</p> <p>City South Milwaukee State WI Zip Code 53172</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82047</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1310.36"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Andrew Davis</p> <p>Mailing Address 827 Michigan Ave</p> <p>City South Milwaukee State WI Zip Code 53172</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82084</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Andrew Davis</p> <p>Mailing Address 827 Michigan Ave</p> <p>City South Milwaukee State WI Zip Code 53172</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82110</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1510.40"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3070.76"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Dean Care	Transaction ID: SB30B.82095 Date of Disbursement
	Mailing Address PO Box 88610	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Milwaukee State WI Zip Code 53288	Amount of Each Disbursement this Period
	Purpose of Disbursement Health insurance	<input type="text" value="3207.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: SB30B.82096 Date of Disbursement
	Mailing Address PO Box 828	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Stevens Point State WI Zip Code 54481	Amount of Each Disbursement this Period
	Purpose of Disbursement Dental insurance	<input type="text" value="440.97"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brittany M Denuszek	Transaction ID: SB30B.82049 Date of Disbursement
	Mailing Address 1006 College Ct	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Madison State WI Zip Code 53715	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="133.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3782.26"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brittany M Denuszek</p> <p>Mailing Address 1006 College Ct</p> <p>City Madison State WI Zip Code 53715</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82112</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.64"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard Dickie</p> <p>Mailing Address 126 North Blair Street #1</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82058</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1089.92"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard Dickie</p> <p>Mailing Address 126 North Blair Street #1</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82088</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

**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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Dickie <hr/> Mailing Address 126 North Blair Street #1 <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.82121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2817.11
<b>B.</b>	Full Name (Last, First, Middle Initial) Amy Harriman <hr/> Mailing Address 544 W Main St #206 <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.82054 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 189.42
<b>C.</b>	Full Name (Last, First, Middle Initial) Amy Harriman <hr/> Mailing Address 544 W Main St #206 <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.82117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 162.76

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3169.29</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Donna Heimbach</p> <p>Mailing Address 3002 Dianne Drive</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82059</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="592.50"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Donna Heimbach</p> <p>Mailing Address 3002 Dianne Drive</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82122</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="751.89"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Karoline Hofer</p> <p>Mailing Address 5329 Old Middleton Rd, Apt. 202</p> <p>City Madison State WI Zip Code 53705</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82055</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1180.78"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2525.17"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)  
Karoline Hofer

Transaction ID: SB30B.82087  
Date of Disbursement

Mailing Address 5329 Old Middleton Rd, Apt. 202

/   /

City Madison State WI Zip Code 53705

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Karoline Hofer

Transaction ID: SB30B.82118  
Date of Disbursement

Mailing Address 5329 Old Middleton Rd, Apt. 202

/   /

City Madison State WI Zip Code 53705

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Mark Jefferson

Transaction ID: SB30B.82045  
Date of Disbursement

Mailing Address 1678 Cottonville Avenue

/   /

City Arkdale State WI Zip Code 54613

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

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) .....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Mark Jefferson	Transaction ID: SB30B.82083 Date of Disbursement 12 / 17 / 2009
	Mailing Address 1678 Cottonville Avenue	Amount of Each Disbursement this Period 2000.00
	City Arkdale State WI Zip Code 54613	
	Purpose of Disbursement Payroll	
	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.	Full Name (Last, First, Middle Initial) Mark Jefferson	Transaction ID: SB30B.82108 Date of Disbursement 12 / 31 / 2009
	Mailing Address 1678 Cottonville Avenue	Amount of Each Disbursement this Period 2359.97
	City Arkdale State WI Zip Code 54613	
	Purpose of Disbursement Payroll	
	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:	

C.	Full Name (Last, First, Middle Initial) Brian Kind	Transaction ID: SB30B.82048 Date of Disbursement 12 / 15 / 2009
	Mailing Address 405 Doral Court	Amount of Each Disbursement this Period 1853.40
	City Waunakee State WI Zip Code 53597	
	Purpose of Disbursement Payroll	
	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) .....	6213.37
<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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Kind <hr/> Mailing Address 405 Doral Court <hr/> City Waunakee State WI Zip Code 53597 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.82085 Date of Disbursement 12 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Kind <hr/> Mailing Address 405 Doral Court <hr/> City Waunakee State WI Zip Code 53597 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.82111 Date of Disbursement 12 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 1831.76
<b>C.</b>	Full Name (Last, First, Middle Initial) Jason L Knack <hr/> Mailing Address 319 Locust St <hr/> City Onalaska State WI Zip Code 54650 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.82060 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 328.17

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

2659.93

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Jason L Knack	Transaction ID: SB30B.82123
	Mailing Address 319 Locust St	Date of Disbursement 12 / 31 / 2009
	City Onalaska State WI Zip Code 54650	Amount of Each Disbursement this Period 386.23
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.82061
	Mailing Address 3157 Muir Field Road #47	Date of Disbursement 12 / 15 / 2009
	City Madison State WI Zip Code 53719	Amount of Each Disbursement this Period 507.93
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.82124
	Mailing Address 3157 Muir Field Road #47	Date of Disbursement 12 / 31 / 2009
	City Madison State WI Zip Code 53719	Amount of Each Disbursement this Period 582.56
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1476.72
<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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) David R Luhman	Transaction ID: SB30B.82062 Date of Disbursement <input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Mailing Address 338 W Wilson St	Amount of Each Disbursement this Period <input type="text" value="300.42"/>
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	Category/ Type <input type="text"/>
	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.	Full Name (Last, First, Middle Initial) David R Luhman	Transaction ID: SB30B.82125 Date of Disbursement <input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Mailing Address 338 W Wilson St	Amount of Each Disbursement this Period <input type="text" value="359.43"/>
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	Category/ Type <input type="text"/>
	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:	

C.	Full Name (Last, First, Middle Initial) Ryan Mahoney	Transaction ID: SB30B.82066 Date of Disbursement <input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Mailing Address 7608 Hamilton Spring Rd	Amount of Each Disbursement this Period <input type="text" value="1088.02"/>
	City Bethesda State MD Zip Code 20817	
	Purpose of Disbursement Payroll	Category/ Type <input type="text"/>
	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) .....	<input type="text" value="1747.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ryan Mahoney</p> <p>Mailing Address 7608 Hamilton Spring Rd</p> <p>City Bethesda State MD Zip Code 20817</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82089</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ryan Mahoney</p> <p>Mailing Address 7608 Hamilton Spring Rd</p> <p>City Bethesda State MD Zip Code 20817</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82129</p> <p>Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1279.22</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Emily J Monske</p> <p>Mailing Address 228 Langdon St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82050</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 131.60</p>

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

1910.82

**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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Emily J Monske	Transaction ID: SB30B.82113 Date of Disbursement 12 / 31 / 2009
	Mailing Address 228 Langdon St	Amount of Each Disbursement this Period 65.80
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.82040 Date of Disbursement 12 / 15 / 2009
	Mailing Address 911 Panorama Tr S	Amount of Each Disbursement this Period 86.12
	City Rochester State NY Zip Code 14625	
	Purpose of Disbursement Payroll processing	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.82041 Date of Disbursement 12 / 15 / 2009
	Mailing Address 911 Panorama Tr S	Amount of Each Disbursement this Period 68.03
	City Rochester State NY Zip Code 14625	
	Purpose of Disbursement Unemployment tax	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	219.95
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 911 Panorama Tr S <hr/> City Rochester State NY Zip Code 14625 <hr/> Purpose of Disbursement Payroll tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.82043 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 6082.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 911 Panorama Tr S <hr/> City Rochester State NY Zip Code 14625 <hr/> Purpose of Disbursement Payroll processing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.82081 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 36.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 911 Panorama Tr S <hr/> City Rochester State NY Zip Code 14625 <hr/> Purpose of Disbursement Payroll tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.82082 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1652.52
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7771.66

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement employment tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82090</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2.33</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82105</p> <p>Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 9858.62</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement Unemployment tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82106</p> <p>Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 67.07</p>

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

9928.02

**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)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement Payroll processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82107</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.07"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Scott Poole</p> <p>Mailing Address 445 West Gilman #202</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82063</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="178.68"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Poole</p> <p>Mailing Address 445 West Gilman #202</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82126</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="354.21"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Principal Financial Group</p> <p>Mailing Address PO Box 10372</p> <p>City Des Moines State IA Zip Code 50306</p> <p>Purpose of Disbursement Life insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82103</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="328.47"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kristin Ruesch</p> <p>Mailing Address 4218 Nakoma Rd</p> <p>City Madison State WI Zip Code 53711</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82051</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1446.14"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kristin Ruesch</p> <p>Mailing Address 4218 Nakoma Rd</p> <p>City Madison State WI Zip Code 53711</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82086</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2274.61"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kristin Ruesch</p> <p>Mailing Address 4218 Nakoma Rd</p> <p>City Madison State WI Zip Code 53711</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82114</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1680.82"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lauren Schroeder</p> <p>Mailing Address 251 Langdon St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82052</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="90.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lauren Schroeder</p> <p>Mailing Address 251 Langdon St</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.82115</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="112.50"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1883.32"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Anton Urso	Transaction ID: SB30B.82064 Date of Disbursement 12 / 15 / 2009
	Mailing Address 405 Nichols Rd	Amount of Each Disbursement this Period 460.06
	City Monona State WI Zip Code 53716	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anton Urso	Transaction ID: SB30B.82127 Date of Disbursement 12 / 31 / 2009
	Mailing Address 405 Nichols Rd	Amount of Each Disbursement this Period 504.46
	City Monona State WI Zip Code 53716	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kristin L Wall	Transaction ID: SB30B.82067 Date of Disbursement 12 / 15 / 2009
	Mailing Address 512 W Fountain St	Amount of Each Disbursement this Period 377.64
	City Dodgeville State WI Zip Code 53533	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1342.16
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A.	Full Name (Last, First, Middle Initial) Kristin L Wall	Transaction ID: SB30B.82130 Date of Disbursement 12 / 31 / 2009
	Mailing Address 512 W Fountain St	Amount of Each Disbursement this Period 250.95
	City Dodgeville State WI Zip Code 53533	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Joshua Wilson	Transaction ID: SB30B.82065 Date of Disbursement 12 / 15 / 2009
	Mailing Address 641 West Main Street	Amount of Each Disbursement this Period 511.30
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Joshua Wilson	Transaction ID: SB30B.82128 Date of Disbursement 12 / 31 / 2009
	Mailing Address 641 West Main Street	Amount of Each Disbursement this Period 726.07
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1488.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>64033.54</b>

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> CD Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1877			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">130788.55</div>	
City Alexandria	State VA	Zip Code 22313		
Purpose of Disbursement: Google search ads			Category/ Type	
Activity or Event Identifier: Administrative			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 03 / 2009</div>	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.25		398.05		468.30

<b>B. Full Name (Last, First, Middle Initial)</b> Charter Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 135 South LaSalle Street Dept 8123			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">130856.38</div>	
City Chicago	State IL	Zip Code 60674		
Purpose of Disbursement: Cable tv			Category/ Type	
Activity or Event Identifier: Administrative			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 03 / 2009</div>	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.17		57.66		67.83

<b>C. Full Name (Last, First, Middle Initial)</b> Choles Floral			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1135 Regent Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">130941.38</div>	
City Madison	State WI	Zip Code 53715		
Purpose of Disbursement: Flowers			Category/ Type	
Activity or Event Identifier: Administrative			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 03 / 2009</div>	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.75		72.25		85.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
93.17		527.96		621.13

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> Coca-Cola Bottling Company			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 86			Allocated Activity or Event Year-To-Date 130983.58		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>		
Minneapolis	MN	55486			
Purpose of Disbursement: Office soda			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.82022		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.33		35.87		42.20

<b>B. Full Name (Last, First, Middle Initial)</b> Office Depot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9027			Allocated Activity or Event Year-To-Date 131239.13		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>		
Des Moines	IA	50368			
Purpose of Disbursement: Office supplies			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.82023		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.33		217.22		255.55

<b>C. Full Name (Last, First, Middle Initial)</b> Pro One Janitorial Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1486 Kenwood Center			Allocated Activity or Event Year-To-Date 131739.13		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>		
Menasha	WI	54952			
Purpose of Disbursement: Cleaning service			Category/Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.82025		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.00		425.00		500.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.66		678.09		797.75

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

**A. Full Name (Last, First, Middle Initial)**  
Verizon Wireless

Mailing Address  
PO Box 25505

City State Zip Code  
Lehigh Valley PA 18002

Purpose of Disbursement:  
Wireless internet

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

131807.50

Date MM / DD / YYYY  
12 / 03 / 2009

Transaction ID: H4.82027

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.26		58.11		68.37

**B. Full Name (Last, First, Middle Initial)**  
Senate Chief Clerk's Office

Mailing Address  
PO Box 7882

City State Zip Code  
Madison WI 53707

Purpose of Disbursement:  
Open records request

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

131815.50

Date MM / DD / YYYY  
12 / 15 / 2009

Transaction ID: H4.82037

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.20		6.80		8.00

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

Mailing Address  
PO Box 9100

City State Zip Code  
Aurora IL 60507

Purpose of Disbursement:  
Long distance

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

133976.12

Date MM / DD / YYYY  
12 / 16 / 2009

Transaction ID: H4.82074

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
324.09		1836.53		2160.62

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
335.55		1901.44		2236.99

**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)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> Green Valley Disposal			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 473			Allocated Activity or Event Year-To-Date 134093.72		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>		
Waunakee	WI	53597	Transaction ID: H4.82075		
Purpose of Disbursement: Waste removal			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.64		99.96		117.60

<b>B. Full Name (Last, First, Middle Initial)</b> MG&E			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1231			Allocated Activity or Event Year-To-Date 134768.72		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>		
Madison	WI	53701	Transaction ID: H4.82076		
Purpose of Disbursement: Energy bill			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
101.25		573.75		675.00

<b>C. Full Name (Last, First, Middle Initial)</b> Purchase Power			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Po Box 856042			Allocated Activity or Event Year-To-Date 136365.67		
City	State	Zip Code	Date <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>		
Louisville	KY	40285	Transaction ID: H4.82077		
Purpose of Disbursement: Postage meter postage			Category/ Type		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
239.54		1357.41		1596.95

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
358.43		2031.12		2389.55

**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)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
TDS Metrocom

Mailing Address  
PO Box 1010

City	State	Zip Code	
Monroe	WI	53566	

Purpose of Disbursement: Phone bill	Category/ Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
137337.04

Date 12 / 16 / 2009

Transaction ID: H4.82078

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.71		825.66		971.37

**B.** Full Name (Last, First, Middle Initial)  
Tygris Vendor Finance

Mailing Address  
Dept #1608

City	State	Zip Code	
Denver	CO	80291	

Purpose of Disbursement: Copier lease	Category/ Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
138016.75

Date 12 / 16 / 2009

Transaction ID: H4.82079

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
101.96		577.75		679.71

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
247.67		1403.41		1651.08

**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
1154.48	6542.02	7696.50