

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Republican Party of Wisconsin

ADDRESS (number and street) 148 East Johnson Street Check if different than previously reported. (ACC) Madison WI 53703

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00074450 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR [] AMENDED (A)

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

5. Covering Period 07 / 01 / 2014 through 07 / 31 / 2014

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 Mike Jones

Signature of Treasurer Mike Jones [Electronically Filed] Date 08 / 20 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Republican Party of Wisconsin

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		1152918.89
(b) Cash on Hand at Beginning of Reporting Period.....	1127475.66	
(c) Total Receipts (from Line 19)	367752.62	2203439.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1495228.28	3356358.25
7. Total Disbursements (from Line 31).....	566017.29	2427147.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	929210.99	929210.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

Republican Party of Wisconsin

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	82807.00	655847.00
(ii) Unitemized	145624.84	1030234.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	228431.84	1686081.90
(b) Political Party Committees	80550.00	376350.00
(c) Other Political Committees (such as PACs).....	57000.00	130300.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	365981.84	2192731.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1370.78	5075.05
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5232.41
17. Other Federal Receipts (Dividends, Interest, etc.).....	400.00	400.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	367752.62	2203439.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	367752.62	2203439.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	393099.53	1481054.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	393099.53	1481054.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	10000.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10000.00	10000.00
29. Other Disbursements	0.00	111072.55
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	162917.76	825020.49
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	162917.76	825020.49
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	566017.29	2427147.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	566017.29	2427147.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	365981.84	2192731.90
34. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	355981.84	2182731.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	393099.53	1481054.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1370.78	5075.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)	391728.75	1475979.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 OF 206
(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	

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address P.O. BOX 1588

City	State	Zip Code
EXTON	PA	19341-0138

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11.925149

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address P.O. BOX 1588

City	State	Zip Code
EXTON	PA	19341-0138

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11.929673

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address 6402 SHARPSBURG DRIVE

City	State	Zip Code
MADISON	WI	53718-3160

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11.923797

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. JEANNE S. BARNES

Mailing Address 165 CHRISTOPHER STREET APT 6 CC
APT 6 CC

City NEW YORK State NY Zip Code 10014-2803

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2014

Transaction ID : SA11.924730

Amount of Each Receipt this Period
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MAX ANTON BAUM

Mailing Address N10548 CHIEF KUNO TRAIL

City FOX LAKE State WI Zip Code 53933-9707

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2014

Transaction ID : SA11.925769

Amount of Each Receipt this Period
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JAMES D BEARD

Mailing Address 3816 OLIVER AVE

City ANNANDALE State VA Zip Code 22003-1719

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
07 / 08 / 2014

Transaction ID : SA11.924176

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 206
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 620 MARBRISA RIVER LANE

City VERO BEACH State FL Zip Code 32963-4285

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11.923825

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 35 PORTMAN ROAD

City NEW ROCHELLE State NY Zip Code 10801-2104

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

Name of Employer BERGASSI GROUP, LLC Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : SA11.924453

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. MR. STEVEN BERGUM
Full Name (Last, First, Middle Initial)

Mailing Address 2016 BAY POINT LN

City HARTLAND State WI Zip Code 53029-9343

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

Name of Employer PERLICK CORP Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11.927022

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 206
(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. MRS. ANNE W. BOLZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 SUMMIT ROAD
 City MADISON State WI Zip Code 53704-6072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11.925702
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. JOHN BORGES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1426 W WESTPORT CIR.
 City MEQUON State WI Zip Code 53092-5753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROBERTSON RYAN & ASSOCIATES Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11.925944
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

C. DOUGLAS BOVEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 26913 DIAMONDHEAD LANE
 City RANCHO PALOS VERDES State CA Zip Code 90275-3726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 24 / 2014
Transaction ID : SA11.926447
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. MRS. DOROTHY M. BRICE

Mailing Address 2170 JEN RAE ROAD

City GREEN BAY State WI Zip Code 54311-6348

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11.926109

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GERALD A. BRORBY

Mailing Address 5943 OAK HOLLOW DRIVE

City MCFARLAND State WI Zip Code 53558-9064

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

Name of Employer STRATA Occupation MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924591

Amount of Each Receipt this Period
120.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JOHN L. BROUILLARD

Mailing Address 374 STILSON CANYON ROAD

City CHICO State CA Zip Code 95928-9117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11.926446

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 206
	<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. DONALD BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 240 CRAIG RD

City: EDGERTON State: WI Zip Code: 53534-9348

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

Name of Employer: BANK OF MILTON Occupation: BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt: 07 / 24 / 2014
Transaction ID : SA11.928345

Amount of Each Receipt this Period: 130.00

CONTRIBUTION

B. BERTIL E. BRUNK
Full Name (Last, First, Middle Initial)

Mailing Address W3885 CREEK LANE

City: LAKE GENEVA State: WI Zip Code: 53147-3824

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

Name of Employer: BRUNK INDUSTRIES, INC Occupation: OWNER, PRESIDENT & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt: 07 / 15 / 2014
Transaction ID : SA11.925905

Amount of Each Receipt this Period: 400.00

CONTRIBUTION

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

Mailing Address 7272 N BRIDGE LANE

City: FOX POINT State: WI Zip Code: 53217-3626

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: 07 / 31 / 2014
Transaction ID : SA11.926835

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **900 S LINCOLN STREET**

City State Zip Code
AMARILLO TX 79101-3638

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

Name of Employer Occupation
SELF EMPLOYED GEOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 25 / 2014

Transaction ID : SA11.926471

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address **5304 E. SILVER SPURS LANE**

City State Zip Code
SPOKANE WA 99217-9337

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

Name of Employer Occupation
EVERGREEN TREE CARE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 18 / 2014

Transaction ID : SA11.925354

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CHARLOTTE L. CABLE

Mailing Address **2111 E 34TH PLACE**

City State Zip Code
JOPLIN MO 64804-4214

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
07 / 02 / 2014

Transaction ID : SA11.923799

Amount of Each Receipt this Period
80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ **630.00**

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

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

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

FOR LINE NUMBER: PAGE 13 OF 206
(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. CHARLOTTE L. CABLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 E 34TH PLACE
 City JOPLIN State MO Zip Code 64804-4214
 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 ▼ 230.00

Date of Receipt 07 / 29 / 2014
Transaction ID : SA11.926310
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. JUDITH W. CALLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 EAST DEAN ROAD
 City FOX POINT State WI Zip Code 53217-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JAMES CALLAN INC Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11.923824
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. WILLIAM R. CAMPBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 HUNTERS RIDGE DRIVE
 City MARYVILLE State TN Zip Code 37803-
 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 07 / 18 / 2014
Transaction ID : SA11.925996
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5325.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. MR. JAMES T. CARAWAY

Mailing Address 9364 NORTH LAKE DRIVE

City State Zip Code
MILWAUKEE WI 53217-1446

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11.923648

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. THOMAS E CARNEY

Mailing Address 201 BADGER PARKWAY

City State Zip Code
DARIEN WI 53114-1628

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

Name of Employer Occupation
ROYAL BASKET TRUCKS, INC. EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11.930371

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11.929509

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 13818 ALMAHURST CIR

City State Zip Code
CYPRESS TX 77429-5113

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924431

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 815A HILLTOP AVE. EXTENSION

City State Zip Code
ABINGDON MD 21009-1306

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11.928354

Amount of Each Receipt this Period
68.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS FRANCES CHAPMAN FRIGO

Mailing Address 1245 OUTWARD AVENUE

City State Zip Code
DE PERE WI 54115-1822

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014
Transaction ID : SA11.926313

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 268.00

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 OF 206
(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. NIRMAL CHATTERJEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2324 WILLOW DROP WAY
 City State Zip Code
 OVIEDO FL 32766-7082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AIR PRODUCTS AND CHEMICALS CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : SA11.926198
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. WALTER H. CLAIBORNE III
 Full Name (Last, First, Middle Initial)
 Mailing Address 14217 CLAIBORNE ROAD
 City State Zip Code
 BATCHELOR LA 70715-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11.926917
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

C. ELEANOR COBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 S VISTA STREET
 City State Zip Code
 LOS ANGELES CA 90036-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11.926923
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **N7961 CREEKSIDE DRIVE**

City SHERWOOD	State WI	Zip Code 54169-9677
-------------------------	--------------------	-------------------------------

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

Name of Employer SEVEN STAR SERVICES, INC	Occupation PRESIDENT
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
07 / 15 / 2014

Transaction ID : SA11.925757

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address **9360 NORTH SPRUCE RD**

City RIVER HILLS	State WI	Zip Code 53217-1131
----------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11.925832

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DENNIS J. CONROY

Mailing Address **1 CHRISTIE PL. UNIT 201E**

City SCARSDALE	State NY	Zip Code 10583-8306
--------------------------	--------------------	-------------------------------

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
07 / 24 / 2014

Transaction ID : SA11.928388

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. HARRY J DAHL

Mailing Address P.O. BOX 788

City LA CROSSE State WI Zip Code 54602-0788

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

Name of Employer DAHL Occupation AUTO DEALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.927017

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address 5181 FAIRWAY OAKS DRIVE

City WINDERMERE State FL Zip Code 34786-8934

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

Name of Employer GEORGE DANIELS, INC Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11.925703

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

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

Mailing Address W264S7300 KINGS PEAK COURT

City WAUKESHA State WI Zip Code 53189-9645

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

Name of Employer GRAY AND ASSOCIATES, LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11.923902

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10550.00
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 19 OF 206
	<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. MR. ERWIN DOHMEN
Full Name (Last, First, Middle Initial)

Mailing Address 5110 COUNTRY CLUB BEACH ROAD

City	State	Zip Code
PORT WASHINGTON	WI	53074-9642

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11.929986

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

B. ALAN S. EAGER
Full Name (Last, First, Middle Initial)

Mailing Address 245 GARFIELD AVENUE

City	State	Zip Code
EVANSVILLE	WI	53536-1009

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11.925529

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 3815 LIGHTHOUSE DR

City	State	Zip Code
RACINE	WI	53402-3617

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

Name of Employer	Occupation
NORCO MANUFACTURING	PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11.925175

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 20 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **611 CHATHAM CT**

City **NEENAH** State **WI** Zip Code **54956-4226**

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

Name of Employer **AMERICAN PAPER CONVERTERS** Occupation **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
07 / 15 / 2014
Transaction ID : SA11.928546

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address **146 W MILL STREET APT A**

City **COLUMBUS** State **WI** Zip Code **53925-1507**

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

Name of Employer **SELF** Occupation **SELF EMPLOYED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
07 / 07 / 2014
Transaction ID : SA11.924163

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ERNEST ELLISON II

Mailing Address **6720 CHURCHILL PARK COURT**

City **CHARLOTTE** State **NC** Zip Code **28210-3480**

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
07 / 18 / 2014
Transaction ID : SA11.926000

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **5400.00**

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

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

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FOR LINE NUMBER: PAGE 21 OF 206
(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. JOSEPH S. ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3205 N MARIETTA AVENUE APT B
 City State Zip Code
 MILWAUKEE WI 53211-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11.926200
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. RAY FRANKLIN EVERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 WOODWARD DR
 City State Zip Code
 MADISON WI 53704-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11.927559
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MARGARET J. FENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 STONY RIDGE ROAD
 City State Zip Code
 CUMBERLAND FORESIDE ME 04110-1416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11.923791
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 5455 SHERIDAN RD

City State Zip Code
KENOSHA WI 53140-3734

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924422

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. FOREST COUNTY POTAWATOMI COMMU

Mailing Address PO 340

City State Zip Code
CRANDON WI 54520-

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11.930093

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. FOREST COUNTY POTAWATOMI COMMU

Mailing Address PO 340

City State Zip Code
CRANDON WI 54520-

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : SA11.930094

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10250.00

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 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **204 INDUSTRIAL DRIVE**

City **MARION** State **WI** Zip Code **54950-8719**

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

Name of Employer **CENTRAL WISCONSIN EQUIPMENT, INC** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 29 / 2014**

Transaction ID : SA11.926367

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GEORGE T. GIALAMAS

Mailing Address **1200 JOHN Q HAMMONS DRIVE SUITE 5**

City **MADISON** State **WI** Zip Code **53717-2199**

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

Name of Employer **THE GIALAMAS COMPANY** Occupation **CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11.925700

Amount of Each Receipt this Period **5000.00**

CONTRIBUTION

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

Mailing Address **950 COUNTY ROAD QQ**

City **WAUPACA** State **WI** Zip Code **54981-8196**

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 **07 / 10 / 2014**

Transaction ID : SA11.924189

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **5350.00**

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

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

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

FOR LINE NUMBER: PAGE 24 OF 206
(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. ARTHUR GOLDSTONE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 300
 City State Zip Code
 LITTLE COMPTON RI 02837-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924400
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. REAU GRAVES
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX239
 City State Zip Code
 MEDINA TN 38355-0239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014
Transaction ID : SA11.928318
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. WILLIAM W. GREAVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8851 N BAYSIDE DR
 City State Zip Code
 BAYSIDE WI 53217-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ABPM PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11.927512
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 25 OF 206
(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. JANE GUADAGNI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17565 PATRICIA LANE
 City State Zip Code
 BROOKFIELD WI 53045-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARK BANK VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11.923770
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. RANDOLPH GUTHRIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 EL MIRASOL
 City State Zip Code
 PALM BEACH FL 33480-3611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11.925717
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. BERNADETTE HAAS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 50
 City State Zip Code
 LAKE FOREST IL 60045-0050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11.929782
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 26 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **S64 W31404 VALLEY LANE**

City **MUKWONAGO** State **WI** Zip Code **53149-8715**

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

Name of Employer **EPS, INC** Occupation **ENGINEER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11.925701

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ELNORA M. HAIGH

Mailing Address **S346 NICHOLS ROAD**

City **MONDOVI** State **WI** Zip Code **54755-7918**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
07 / 07 / 2014
Transaction ID : SA11.924718

Amount of Each Receipt this Period
60.00

CONTRIBUTION

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

Mailing Address **2718 DRYDEN DRIVE**

City **MADISON** State **WI** Zip Code **53704-3006**

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

Name of Employer **MAGNA** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
07 / 10 / 2014
Transaction ID : SA11.924732

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **760.00**

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 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 125 W WHITE OAK WAY

City THIENSVILLE State WI Zip Code 53092-6244

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **07 / 31 / 2014**

Transaction ID : SA11.926661

Amount of Each Receipt this Period: **50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. EDWARD H. HAMM

Mailing Address 243 SOUTH BEACH ROAD

City HOBE SOUND State FL Zip Code 33455-2512

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

Name of Employer: **ACOMA OIL** Occupation: **PARTNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt: **07 / 14 / 2014**

Transaction ID : SA11.925857

Amount of Each Receipt this Period: **400.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. RUTH HEDLUND BERGGREN

Mailing Address PO BOX 401

City APPLETON State WI Zip Code 54912-0401

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 ▼ **800.00**

Date of Receipt: **07 / 18 / 2014**

Transaction ID : SA11.925746

Amount of Each Receipt this Period: **400.00**

CONTRIBUTION

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: PAGE 28 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. JOHN C. HEENAN

Mailing Address **8 BUTTERNUT CT.**

City State Zip Code
WARMINSTER PA 18974-1684

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

Name of Employer Occupation
FAIRLANE MANAGEMENT CORP. EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 29 / 2014

Transaction ID : SA11.926435

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

Mailing Address **5825 6TH PL**

City State Zip Code
KENOSHA WI 53144-7216

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 18 / 2014

Transaction ID : SA11.925805

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. ROBERT HENKLE

Mailing Address **745 N MILWAUKEE STREET**

City State Zip Code
PORT WASHINGTON WI 53074-1553

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
07 / 21 / 2014

Transaction ID : SA11.929908

Amount of Each Receipt this Period
150.00

CONTRIBUTION

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 29 OF 206
	<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. ANTHONY HILGEMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1382 PLUM LANE
 City MOSINEE State WI Zip Code 54455-9352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A AND B PROCESS SYSTEMS CORPORATIO Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : SA11.929923
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION

B. MR. WILLIAM A. HILGEMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address C2122 BALSAM RD/P.O. BOX 86
 City STRATFORD State WI Zip Code 54484-0086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A&B PROCESS SYSTEMS CORP. Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 02 / 2014**
Transaction ID : SA11.924145
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

C. KURT HODERMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 HELENE DRIVE
 City BROOKFIELD State WI Zip Code 53045-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation RESTAURANT OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 22 / 2014**
Transaction ID : SA11.930229
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 OF 206
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 97 CAPTAINS WALK

City NORTH CHATHAM State MA Zip Code 02650-1041

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11.926926

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

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

Mailing Address 707 W PIONEER ROAD # 144 N

City MEQUON State WI Zip Code 53097-1732

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 ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11.925135

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. MR. ROBERT HUHN
Full Name (Last, First, Middle Initial)

Mailing Address N97W14613 RIMROCK RD

City GERMANTOWN State WI Zip Code 53022-6132

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11.927756

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. MIRIAM B. HUTH

Mailing Address **475 - 4TH FARIWAY DRIVE**

City ROSWELL	State GA	Zip Code 30076-3565
------------------------	--------------------	-------------------------------

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 ▼ **530.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11.923911

Amount of Each Receipt this Period

130.00

CONTRIBUTION

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

Mailing Address **475 - 4TH FARIWAY DRIVE**

City ROSWELL	State GA	Zip Code 30076-3565
------------------------	--------------------	-------------------------------

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 ▼ **530.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11.926155

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DAVID P. IHLE

Mailing Address **512 FRANCES AVENUE**

City HUDSON	State WI	Zip Code 54016-8141
-----------------------	--------------------	-------------------------------

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

Name of Employer WBS	Occupation CEO
--------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11.929988

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 206
(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. RUTH M JAMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 940 ROOSEVELT ST.
 City FENNIMORE State WI Zip Code 53809-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11.930123
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. RAYMOND JAST
 Full Name (Last, First, Middle Initial)
 Mailing Address 8466 MILLER RD
 City VERONA State WI Zip Code 53593-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WILSON ELSER Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11.926139
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. GINA JEWISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 OLD LANCASTER RD.
 City PLATTEVILLE State WI Zip Code 53818-8932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11.927195
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

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: PAGE 33 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. MR. JAMES N. JOHNSON

Mailing Address 351 W. WILSON ST., #5

City State Zip Code
MADISON WI 53703-3676

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11.929640

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address 50 KAHDNA RD

City State Zip Code
MORRISTOWN NJ 07960-3523

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

Name of Employer Occupation
SONNERONN LLC MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11.929802

Amount of Each Receipt this Period
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. NANCY E. KAYS

Mailing Address 2231 N INDIAN HILL BOULEVARD

City State Zip Code
CLAREMONT CA 91711-1727

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

Name of Employer Occupation
SELF EMPLOYED ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924533

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. NANCY E. KAYS

Mailing Address **2231 N INDIAN HILL BOULEVARD**

City CLAREMONT	State CA	Zip Code 91711-1727
--------------------------	--------------------	-------------------------------

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

Name of Employer SELF EMPLOYED	Occupation ACCOUNTING
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11.929835

Amount of Each Receipt this Period

40.00

CONTRIBUTION

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

Mailing Address **N3398 STATE ROAD 76**

City HORTONVILLE	State WI	Zip Code 54944-9722
----------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11.925186

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

Mailing Address **P.O. BOX 249**

City MAZOMANIE	State WI	Zip Code 53560-0249
--------------------------	--------------------	-------------------------------

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

Name of Employer SELF EMPLOYED	Occupation FARMER
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11.926101

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	440.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. FRANCES E E. KING

Mailing Address **599 BRAYBARTON BLVD**

City **STEUBENVILLE** State **OH** Zip Code **43952-2447**

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

Name of Employer Occupation
RETIRED **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 18 / 2014

Transaction ID : SA11.925238

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. DOUGLAS D. KLINK

Mailing Address **1100 W ESTATE DRIVE # 5313**

City **MEQUON** State **WI** Zip Code **53092-8560**

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

Name of Employer Occupation
INTERNAL MEDICINE OF MILW **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 18 / 2014

Transaction ID : SA11.925493

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. DOUGLAS D. KLINK

Mailing Address **1100 W ESTATE DRIVE # 5313**

City **MEQUON** State **WI** Zip Code **53092-8560**

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

Name of Employer Occupation
INTERNAL MEDICINE OF MILW **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 30 / 2014

Transaction ID : SA11.926643

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 206
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 28872 VIA BUENA VISTA

City SAN JUAN CAPISTRANO	State CA	Zip Code 92675-5557
-----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11.923933

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address 1115 INSPIRATION LANE

City ESCONDIDO	State CA	Zip Code 92025-7928
-------------------	-------------	------------------------

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

Name of Employer BOEING	Occupation SENIOR MANAGER
----------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : SA11.923688

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. MR. HENRY J. KORGER
Full Name (Last, First, Middle Initial)

Mailing Address 3200 WATER STREET # 2

City STEVENS POINT	State WI	Zip Code 54481-5256
-----------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation UNKNOWN
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11.923915

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 571 280TH ST.

City OSCEOLA State WI Zip Code 54020-4018

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11.925218

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 571 280TH ST.

City OSCEOLA State WI Zip Code 54020-4018

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11.925220

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 29 W OAK DRIVE

City HOUSTON State TX Zip Code 77056-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11.929709

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. BERNARD S KUBALE

Mailing Address P.O. BOX 544

City MERTON State WI Zip Code 53056-0544

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11.927546

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 409 CLUB PL

City MOUNTAIN BRK State AL Zip Code 35223-1167

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014
Transaction ID : SA11.928518

Amount of Each Receipt this Period
400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. GLENN E. LANGER

Mailing Address 1735 WEDGEWOOD DRIVE W

City ELM GROVE State WI Zip Code 53122-1056

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

Name of Employer LANGER ROOFING Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11.925640

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 39 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **W140 N7975 LILLY ROAD**

City **MENOMONEE FALLS** State **WI** Zip Code **53051-4419**

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

Name of Employer **HUB CHRYSLER SOUTH** Occupation **DEALER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
07 / 03 / 2014
Transaction ID : SA11.923908

Amount of Each Receipt this Period
150.00

CONTRIBUTION

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

Mailing Address **724 EAST GRINNEL DR.**

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

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

Name of Employer **DOJ OF THE STATE OF CALIFORNIA** Occupation **LAWYER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt
07 / 31 / 2014
Transaction ID : SA11.928408

Amount of Each Receipt this Period
105.00

CONTRIBUTION

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

Mailing Address **P.O. BOX 249**

City **MOSINEE** State **WI** Zip Code **54455-0249**

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

Name of Employer **L AND S ELECTRIC, INC** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
07 / 10 / 2014
Transaction ID : SA11.924420

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **2255.00**

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 40 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. DAVID JOHN LYNCH

Mailing Address **2807 S BROWNS LAKE DR**

City **BURLINGTON** State **WI** Zip Code **53105-7956**

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

Name of Employer **LDV** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11.924421

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **13731 HICKMAN ROAD UNIT 3407**

City **URBANDALE** State **IA** Zip Code **50323-2199**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11.925747

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address **P.O. BOX 440**

City **WAPPINGERS FALLS** State **NY** Zip Code **12590-0440**

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 ▼ **423.00**

Date of Receipt
07 / 23 / 2014
Transaction ID : SA11.929598

Amount of Each Receipt this Period
106.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **1356.00**

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 41 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. GERLAD K. MCCOY

Mailing Address **6945 WEST SURREY AVENUE**

City **PEORIA** State **AZ** Zip Code **85381-5011**

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF **INFORMATION REQUESTED PER BEST EFF**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
07 / 21 / 2014

Transaction ID : SA11.929621

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. TIMOTHY S. MCCULLEY

Mailing Address **51 OLD TRAIL ROAD**

City **WATER MILL** State **NY** Zip Code **11976-2013**

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

Name of Employer Occupation
SELF EMPLOYED **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 15 / 2014

Transaction ID : SA11.925831

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. SCOTT A. MCDERMOTT

Mailing Address **S27 W29517 JARMON ROAD**

City **WAUKESHA** State **WI** Zip Code **53188-9224**

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

Name of Employer Occupation
SOURCE ONE HEALTHCARE **MEDICAL IMAGING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11.925516

Amount of Each Receipt this Period
40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **240.00**

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 42 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **508 HIGH POINT COURT**

City **JANESVILLE** State **WI** Zip Code **53548-9053**

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
07 / 16 / 2014

Transaction ID : SA11.925434

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address **5010 OAKWOOD AVENUE**

City **LA CANADA FLINTRIDGE** State **CA** Zip Code **91011-2450**

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
07 / 30 / 2014

Transaction ID : SA11.926985

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

Mailing Address **12250 SW 33RD AVENUE**

City **PORTLAND** State **OR** Zip Code **97219-8254**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
07 / 22 / 2014

Transaction ID : SA11.929801

Amount of Each Receipt this Period
150.00

CONTRIBUTION

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: (check only one)	PAGE 43 OF 206
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. STEPHEN MOTHERWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 738 130TH STREET
 City COLLEGE POINT State NY Zip Code 11356-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11.929753
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MARY NEWTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 E TAYLOR RUN PARKWAY
 City ALEXANDRIA State VA Zip Code 22314-4929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11.929697
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. ALBERT NICHOLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6002 N HIGHWAY 83
 City CHENEQUA State WI Zip Code 53029-8503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NICHOLAS COMPANY, INC Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11.925704
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

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: (check only one)	PAGE 44 OF 206
	<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. MR. GREGORY P. NICKERSON
Full Name (Last, First, Middle Initial)

Mailing Address 106 W SEEBOTH ST UNIT 1201

City	State	Zip Code
MILWAUKEE	WI	53204-4332

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

Name of Employer	Occupation
BADER, RUTTER AND ASSOC.	MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924438

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. KEITH J. NIEMUTH
Full Name (Last, First, Middle Initial)

Mailing Address 540 SILVERWOOD LN

City	State	Zip Code
NEENAH	WI	54956-1940

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11.930192

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. REBECCA L. NOLTE
Full Name (Last, First, Middle Initial)

Mailing Address 4103 S BURRELL ST.

City	State	Zip Code
MILWAUKEE	WI	53207-4405

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

Name of Employer	Occupation
W.B. BOTTLE SUPPLY CO.	FACTORY WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11.924134

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

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 45 OF 206
	<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. REBECCA L. NOLTE
Full Name (Last, First, Middle Initial)

Mailing Address 4103 S BURRELL ST.

City MILWAUKEE	State WI	Zip Code 53207-4405
-------------------	-------------	------------------------

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

Name of Employer W.B. BOTTLE SUPPLY CO.	Occupation FACTORY WORKER
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11.925707

Amount of Each Receipt this Period

100.00	50.00
--------	-------

CONTRIBUTION

B. REBECCA L. NOLTE
Full Name (Last, First, Middle Initial)

Mailing Address 4103 S BURRELL ST.

City MILWAUKEE	State WI	Zip Code 53207-4405
-------------------	-------------	------------------------

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

Name of Employer W.B. BOTTLE SUPPLY CO.	Occupation FACTORY WORKER
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2014

Transaction ID : SA11.927031

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. THOMAS W. NORTHY
Full Name (Last, First, Middle Initial)

Mailing Address 1422 S MAMER LANE

City SPOKANE VALLEY	State WA	Zip Code 99216-2827
------------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11.929850

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 46 OF 206
(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. DANIEL P. OLSZEWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9815 FALLEN LEAF DRIVE
 City MIDDLETON State WI Zip Code 53562-5615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UW MADISON SCHOOL OF BUSINESS Occupation DIRECTOR ENTREPRENEURSHIP CENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 24 / 2014
Transaction ID : SA11.928304
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. BEVERLY PATRICK
 Full Name (Last, First, Middle Initial)
 Mailing Address W3746 WEST RIB ROAD
 City WESTBORO State WI Zip Code 54490-9476
 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 07 / 18 / 2014
Transaction ID : SA11.925855
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

C. NELSON L. PAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 37119 SABER COURT
 City GREENBACKVILLE State VA Zip Code 23356-2617
 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 ▼ 600.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11.926439
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 206
(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. WRED PETTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 CPW #17E
 City NEW YORK State NY Zip Code 10023-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924423
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. BARBARA PLUMB
 Full Name (Last, First, Middle Initial)
 Mailing Address W699 ROLEFSON RD
 City RUBICON State WI Zip Code 53078-9731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11.927769
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. AVALINE POFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 PINE EDGE LANE
 City HENRICO State VA Zip Code 23229-4069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11.929511
 Amount of Each Receipt this Period
 40.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1040.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 206
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. TIMOTHY I. PRUETT

Mailing Address 4992 ATHUR ROAD

City SLINGER State WI Zip Code 53086-9529

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

Name of Employer BENDERS RESTAURANT Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11.926082

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PETER M. REILAND

Mailing Address P.O. BOX 1235

City BROOKFIELD State WI Zip Code 53008-1235

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11.923822

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MARGARET M. RENDALL

Mailing Address 6710 BRAUN ROAD

City RACINE State WI Zip Code 53403-9414

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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11.924645

Amount of Each Receipt this Period
 65.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 615.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. CHARLES F. RIETZ

Mailing Address 1220 EASTHILL DRIVE

City State Zip Code
WAUSAU WI 54403-9223

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11.929983

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. HELEN E. ROOSEVELT

Mailing Address 235 EAST 61ST STREET

City State Zip Code
NEW YORK NY 10065-8203

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11.929869

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. NANCY B. ROTH

Mailing Address 8545 CARMEL VALLEY ROAD

City State Zip Code
CARMEL CA 93923-9556

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11.929861

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 50 OF 206
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. JOHN SCEPANSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 E MORGAN AVENUE
 City MILWAUKEE State WI Zip Code 53207-
 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 ▼ 750.00

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11.929680
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. MR. HAROLD J. SCHACHTNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 568 232ND AVENUE
 City SOMERSET State WI Zip Code 54025-7330
 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 07 / 18 / 2014
Transaction ID : SA11.925768
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. CHARLES WELLS SHARTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1049
 City CROCKETT State TX Zip Code 75835-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11.929741
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 206
	<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. ROBERT SINSKEY
Full Name (Last, First, Middle Initial)

Mailing Address 351 23RD ST

City SANTA MONICA State CA Zip Code 90402-2513

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014
Transaction ID : SA11.928380

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

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

Mailing Address 3314 MESA TRAIL

City DOUSMAN State WI Zip Code 53118-

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11.925800

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

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

Mailing Address 330 N VILLA AVENUE

City VILLA PARK State IL Zip Code 60181-2271

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 313.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11.929815

Amount of Each Receipt this Period
 188.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.00

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 52 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 2167 TRAILSIDE LANE

City DE PERE State WI Zip Code 54115-7131

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11.927034

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 140 LAKE JULIA ROAD

City THREE LAKES State WI Zip Code 54562-9338

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11.926329

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JANIE G. STREFF

Mailing Address W305 N2589 RAVINE COURT

City PEWAUKEE State WI Zip Code 53072-4733

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11.925523

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

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

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FOR LINE NUMBER: PAGE 53 OF 206
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. ANNE T. SYNNESTVEDT

Mailing Address P.O. BOX 550

City State Zip Code
BRYN ATHYN PA 19009-0550

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11.929579

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. THOMAS H. THOMSEN

Mailing Address 1515 TIERNEY DRIVE

City State Zip Code
WAUNAKEE WI 53597-2347

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11.925636

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ELIZABETH K. TOULON

Mailing Address P.O. BOX 666

City State Zip Code
KOLOA HI 96756-0666

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11.924727

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

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

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. NICHOLAS TRIMBERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address W2188 WILSON LIMA ROAD
 City OOSTBURG State WI Zip Code 53070-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TMR FURS, LLC Occupation AGRICULTURE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11.924461
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. DANIEL ULIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 9969 S 60TH STREET
 City FRANKLIN State WI Zip Code 53132-8824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STU'S FLOORING Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11.925457
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. FRANCIS ULLMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5483 BROWN COUNTY LINE ROAD
 City PULASKI State WI Zip Code 54162-9703
 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 07 / 31 / 2014
Transaction ID : SA11.926980
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

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 55 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **2321 SAINT ANTHONYS PLACE**

City **SIOUX CITY** State **IA** Zip Code **51108-3602**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
07 / 07 / 2014
Transaction ID : SA11.924557

Amount of Each Receipt this Period
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. RICHARD A. WALZ

Mailing Address **W4898 N KINNEY COULEE RD**

City **ONALASKA** State **WI** Zip Code **54650-**

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

Name of Employer **SELF** Occupation **SELF**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
07 / 15 / 2014
Transaction ID : SA11.925161

Amount of Each Receipt this Period
400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. RICHARD A. WALZ

Mailing Address **W4898 N KINNEY COULEE RD**

City **ONALASKA** State **WI** Zip Code **54650-**

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

Name of Employer **SELF** Occupation **SELF**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
07 / 21 / 2014
Transaction ID : SA11.930334

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 56 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. MR. FRANK V. WEILER

Mailing Address P.O. BOX 285

City State Zip Code
ATHENS WI 54411-0285

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11.926100

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

Mailing Address P.O. BOX 3939

City State Zip Code
WILMINGTON DE 19807-

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

Name of Employer Occupation
SELF SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11.930331

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. HOWARD A. WILL JR.

Mailing Address N9242 S SHORE DRIVE

City State Zip Code
EAST TROY WI 53120-2178

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11.926199

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 57 OF 206
(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. LUCIA B. WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 SEAN COURT
 City State Zip Code
 BROOKFIELD WI 53045-4840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11.929889
 Amount of Each Receipt this Period
 350.00
 CONTRIBUTION

B. BONNIE JEAN WOLFGRAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 PATRIOT LANE
 City State Zip Code
 OSHKOSH WI 54904-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : SA11.924375
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

C. BONNIE JEAN WOLFGRAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 PATRIOT LANE
 City State Zip Code
 OSHKOSH WI 54904-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11.925522
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. BONNIE JEAN WOLFGRAM

Mailing Address 2335 PATRIOT LANE

City OSHKOSH State WI Zip Code 54904-6928

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 ▼ **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11.926695

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

Mailing Address N1691 COUNTY ROAD C

City SHARON State WI Zip Code 53585-9759

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11.925869

Amount of Each Receipt this Period
200.00

CONTRIBUTION

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

Mailing Address 6 SHEFFORD CIRCLE

City MADISON State WI Zip Code 53719-1415

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

Name of Employer SELF-EMPLOYED Occupation FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11.924126

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

TOTAL This Period (last page this line number only)..... ▶ **82807.00**

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

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

FOR LINE NUMBER: PAGE 59 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1885

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 376350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11.929507

Amount of Each Receipt this Period
 80550.00

Transfer

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	80550.00
TOTAL This Period (last page this line number only).....▶	80550.00

**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 60 OF 206
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. RYAN FOR CONGRESS

Mailing Address P.O. BOX 1919

City State Zip Code
JANESVILLE WI 53547-

FEC ID number of contributing federal political committee. **C C00330894**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt
07 / 23 / 2014

Transaction ID : SA11.930087

Amount of Each Receipt this Period
35000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ADVANCE AMERICA CASH ADVANCE CENTERS

Mailing Address 35 NORTH CHURCH ST

City State Zip Code
SPARTANBURG SC 29304-

FEC ID number of contributing federal political committee. **C C00429001**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
07 / 29 / 2014

Transaction ID : SA11.930092

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. APOLLO GROUP INC PAC

Mailing Address 4025 SOUTH RIVERPOINT PARKWAY

City State Zip Code
PHOENIX AZ 85040-

FEC ID number of contributing federal political committee. **C C00309781**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 03 / 2014

Transaction ID : SA11.930084

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	41000.00
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 61 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. CONSERVATIVE MAJORITY FUND

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206-

FEC ID number of contributing federal political committee. **C** C00524454

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11.930086

Amount of Each Receipt this Period
 4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ELI LILLY AND COMPANY POLITICAL ACTION C

Mailing Address LILLY CORPORATE CENTER

City INDIANAPOLIS State IN Zip Code 46285-1

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11.930089

Amount of Each Receipt this Period
 4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JOHNSON & JOHNSON FEDERAL PAC

Mailing Address 1 JOHNSON & JOHNSON PLAZA

City NEW BRUNSWICK State NJ Zip Code 08933-0001

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : SA11.930090

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. JOHNSON & JOHNSON FEDERAL PAC
 Mailing Address 1 JOHNSON & JOHNSON PLAZA
 City State Zip Code
 NEW BRUNSWICK NJ 08933-0001
 FEC ID number of contributing federal political committee. **C** C00010983
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : SA11.930091
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PROSPERITY ACTION INC PAC - FEDERAL
 Mailing Address 1006 PENDLETON STREET
 City State Zip Code
 ALEXANDRIA VA 22314-1837
 FEC ID number of contributing federal political committee. **C** C00377689
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11.930088
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
TOTAL This Period (last page this line number only)..... ▶ 57000.00

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

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

FOR LINE NUMBER: PAGE 63 OF 206
(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)
. WI DEPARTMENT OF REVENUE

Mailing Address **PO BOX 8903**

City **MADISON** State **WI** Zip Code **53708-8903**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1605.75**

Date of Receipt
07 / 11 / 2014

Transaction ID : SA11.930085

Amount of Each Receipt this Period
1370.78

Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1370.78
TOTAL This Period (last page this line number only).....▶	1370.78

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

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

FOR LINE NUMBER: PAGE 64 OF 206
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. DOUGLAS COUNTY REPUBLICAN PARTY

Mailing Address P.O. BOX 1555

City State Zip Code
SUPERIOR WI 54880-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11.930082

Amount of Each Receipt this Period
400.00

REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ADVANCED DISPOSAL - MADISON

Mailing Address P.O. BOX 6484

City State Zip Code
CAROL STREAM IL 60197

Purpose of Disbursement
WASTE REMOVAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SB21B.I19058

Amount of Each Disbursement this Period

202.73

Full Name (Last, First, Middle Initial)

B. ADVANTAGE DIRECT

Mailing Address 2300 CLARENDON BOULEVARD

City State Zip Code
ARLINGTON VA 22201

Purpose of Disbursement
AUTO CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SB21B.I19059

Amount of Each Disbursement this Period

2733.40

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 981540

City State Zip Code
EL PASO TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2014

Transaction ID : SB21B.I19060

Amount of Each Disbursement this Period

7.95

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

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

2944.08

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : SB21B.I19061

Amount of Each Disbursement this Period

129.23

Full Name (Last, First, Middle Initial)

B. AMERICAN LIBERTY GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2014

Transaction ID : SB21B.I19062

Amount of Each Disbursement this Period

657.62

Full Name (Last, First, Middle Initial)

C. AMERICAN LIBERTY GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.I19063

Amount of Each Disbursement this Period

665.88

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

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

1452.73

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AMERICAN LIBERTY GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19064

Amount of Each Disbursement this Period

966.06

B. AMERICAN LIBERTY GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : SB21B.I19065

Amount of Each Disbursement this Period

10005.38

C. AMERICAN LIBERTY GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2014

Transaction ID : SB21B.I19066

Amount of Each Disbursement this Period

16710.38

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

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

27681.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AMERICAN LIBERTY GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SB21B.I19067

Amount of Each Disbursement this Period

18710.24

Full Name (Last, First, Middle Initial)

B. APPLETON WEST END REALTY LLC

Mailing Address 512 W. COLLEGE AVE

City APPLETON State WI Zip Code 54911

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SB21B.I19068

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

C. ASPECT CONSULTING, LLC

Mailing Address 8401 EXCELSIOR DRIVE

City MADISON State WI Zip Code 53717

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	07	/	2014

Transaction ID : SB21B.I19069

Amount of Each Disbursement this Period

6000.00

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

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

25410.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AT&T MOBILITY

Mailing Address P.O. BOX 6463

City State Zip Code
CAROL STREAM IL 60197

Purpose of Disbursement
CELL PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : SB21B.I19070

Amount of Each Disbursement this Period

1323.00

Full Name (Last, First, Middle Initial)

B. BADGERLAND CHEMICAL & SUPPLY

Mailing Address P.O. BOX 620303

City State Zip Code
MIDDLETON WI 53562-0303

Purpose of Disbursement
CUSTODIAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : SB21B.I19071

Amount of Each Disbursement this Period

198.05

Full Name (Last, First, Middle Initial)

C. BANCARD/FIS MERCHANT SERVICES

Mailing Address 11000 W LAKE PARK DRIVE

City State Zip Code
MILWAUKEE WI 53224

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : SB21B.I19072

Amount of Each Disbursement this Period

1312.39

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

2833.44

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BENJAMIN PLUMBING INC.

Mailing Address 5396 KING JAMES WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement
CUSTODIAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	1	4		

Transaction ID : SB21B.I19073

Amount of Each Disbursement this Period

2	9	2	.	0	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BIRCH VALLEY CONSTRUCTION

Mailing Address 2868 OSMUNDSEN ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	1	4		

Transaction ID : SB21B.I19074

Amount of Each Disbursement this Period

1	0	5	.	7	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	1	4		

Transaction ID : SB21B.I19075

Amount of Each Disbursement this Period

2	7	.	2	3
---	---	---	---	---

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

1	3	7	.	6	7	8
---	---	---	---	---	---	---

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

1	3	7	.	6	7	8
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SB21B.I19076

Amount of Each Disbursement this Period

172.82

Full Name (Last, First, Middle Initial)

B. BMO HARRIS BANK NA 4587

Mailing Address P.O. BOX 84047

City COLUMBUS State GA Zip Code 31908

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SB21B.I19077

Amount of Each Disbursement this Period

3663.89

Full Name (Last, First, Middle Initial)

C. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City ANN ARBOR State MI Zip Code 48106

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB21B.I19219

Amount of Each Disbursement this Period

18.81

[MEMO ITEM]

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

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

3836.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GAB E PAY VOTER DATA

Mailing Address 212 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53707

Purpose of Disbursement
OPEN RECORDS REQUEST

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	4		

Transaction ID : SB21B.119220

Amount of Each Disbursement this Period

3	5	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GoDaddy.com

Mailing Address 14455 N HAYDEN ROAD
SUITE 219

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	1	4		

Transaction ID : SB21B.119218

Amount of Each Disbursement this Period

7	9	.	9	9
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	1	4		

Transaction ID : SB21B.119222

Amount of Each Disbursement this Period

6	2	6	.	6	3
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	9		2	0	1	4		

Transaction ID : SB21B.119223

Amount of Each Disbursement this Period

6	9	.	3	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SAFESFT SOLUTIONS

Mailing Address 20950 WARNER CENTER LANE

City WOODLAND State CA Zip Code 91367

Purpose of Disbursement
PREDICTIVE DIALER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	3		2	0	1	4		

Transaction ID : SB21B.119225

Amount of Each Disbursement this Period

1	4	9	0	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.119227

Amount of Each Disbursement this Period

2	1	0	.	4	1
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
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0	0	0
---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. VERTICAL RESPONSE

Mailing Address 50 BEALE STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
WEBSITE MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I19228

Amount of Each Disbursement this Period

4	9	9	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALL STREET JOURNAL

Mailing Address 1211 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	1	4		

Transaction ID : SB21B.I19230

Amount of Each Disbursement this Period

2	2	.	9	9
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALL STREET JOURNAL

Mailing Address 1211 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	1	4		

Transaction ID : SB21B.I19231

Amount of Each Disbursement this Period

2	2	.	9	9
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
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0	0	0
---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SB21B.119229

Amount of Each Disbursement this Period

49.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BMO HARRIS BANK NA 4595 1824

Mailing Address CREDIT CARD PROCESSING CENTER

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SB21B.119078

Amount of Each Disbursement this Period

2223.81

Full Name (Last, First, Middle Initial)

C. GAB E PAY VOTER DATA

Mailing Address 212 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53707

Purpose of Disbursement
OPEN RECORDS REQUEST

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SB21B.119204

Amount of Each Disbursement this Period

145.00

[MEMO ITEM]

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

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

2223.81

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

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

FOR LINE NUMBER:
(check only one)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement WEBSITE HOSTING

Candidate Name

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

State: District:

Date of Disbursement: 05 / 12 / 2014

Transaction ID : SB21B.I19205

Amount of Each Disbursement this Period: 8.99

[MEMO ITEM]

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

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement WEBSITE MAINTENANCE

Candidate Name

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

State: District:

Date of Disbursement: 05 / 28 / 2014

Transaction ID : SB21B.I19206

Amount of Each Disbursement this Period: 5.99

[MEMO ITEM]

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

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement SUBSCRIPTION

Candidate Name

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

State: District:

Date of Disbursement: 05 / 31 / 2014

Transaction ID : SB21B.I19207

Amount of Each Disbursement this Period: 116.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THE GREAT DANE PUB

Mailing Address 2980 CAHILL MAIN

City FITCHBURG State WI Zip Code 53711

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SB21B.I19210

Amount of Each Disbursement this Period

165.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE PEABODY

Mailing Address 149 UNION AVENUE

City MEMPHIS State TN Zip Code 38103

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2014

Transaction ID : SB21B.I19211

Amount of Each Disbursement this Period

859.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WISCONSIN FARM TECHNOLOGY DAYS

Mailing Address 211 CANAL ROAD

City WATERLOO State WI Zip Code 53594

Purpose of Disbursement
EVENT ATTENDANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SB21B.I19213

Amount of Each Disbursement this Period

570.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BOULDER VENTURE 26 LLC

Mailing Address 311 E CHICAGO STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19079

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. CAMPAIGN NOW

Mailing Address 1126 S 70TH ST

City MILWAUKEE State WI Zip Code 53214

Purpose of Disbursement
VOIP SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : SB21B.I19080

Amount of Each Disbursement this Period

1636.36

Full Name (Last, First, Middle Initial)

C. CAMPAIGN NOW

Mailing Address 1126 S 70TH ST

City MILWAUKEE State WI Zip Code 53214

Purpose of Disbursement
VOIP SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SB21B.I19081

Amount of Each Disbursement this Period

7220.00

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

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

9156.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CENTURY LINK

Mailing Address P.O. BOX 4300

City State Zip Code
CAROL STREAM IL 60197

Purpose of Disbursement
INTERNET

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19082

Amount of Each Disbursement this Period

105.10

Full Name (Last, First, Middle Initial)

B. CENTURY SPRINGS BOTTLING CO.

Mailing Address P.O. BOX 275

City State Zip Code
GENESEE DEPOT WI 53127

Purpose of Disbursement
OFFICE WATER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19083

Amount of Each Disbursement this Period

166.10

Full Name (Last, First, Middle Initial)

C. CHARTER - EAU CLAIRE

Mailing Address P.O. BOX 2981

City State Zip Code
MILWAUKEE WI 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.I19084

Amount of Each Disbursement this Period

223.66

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

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

494.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHARTER - JANESVILLE

Mailing Address P.O. BOX 2981

City State Zip Code
MILWAUKEE WI 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB21B.I19085

Amount of Each Disbursement this Period

187.29

Full Name (Last, First, Middle Initial)

B. CHARTER - MADISON

Mailing Address P.O. BOX 2981

City State Zip Code
MILWAUKEE WI 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SB21B.I19086

Amount of Each Disbursement this Period

609.93

Full Name (Last, First, Middle Initial)

C. CHARTER - REEDSBURG

Mailing Address P.O. BOX 2981

City State Zip Code
MILWAUKEE WI 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB21B.I19087

Amount of Each Disbursement this Period

206.62

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

1003.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHARTER - REEDSBURG

Mailing Address P.O. BOX 2981

City State Zip Code
MILWAUKEE WI 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.I19088

Amount of Each Disbursement this Period

313.82

Full Name (Last, First, Middle Initial)

B. CHARTER - SHEBOYGAN

Mailing Address P.O. BOX 2981

City State Zip Code
MILWAUKEE WI 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.I19089

Amount of Each Disbursement this Period

182.29

Full Name (Last, First, Middle Initial)

C. CHARTER - SUPERIOR

Mailing Address P.O. BOX 3149

City State Zip Code
MILWAUKEE WI 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.I19090

Amount of Each Disbursement this Period

297.43

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

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

793.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHARTER - WAUSAU

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.I19091

Amount of Each Disbursement this Period

191.06

Full Name (Last, First, Middle Initial)

B. CHARTER - WAUSAU

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB21B.I19092

Amount of Each Disbursement this Period

191.06

Full Name (Last, First, Middle Initial)

C. CITY TREASURER - WATER/SEWER

Mailing Address P.O. BOX 2997

City MADISON State WI Zip Code 53701

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19093

Amount of Each Disbursement this Period

957.61

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

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

1339.73

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. COCA COLA ENTERPRISES

Mailing Address 2335 PAYSHERE CIRCLE

City State Zip Code
CHICAGO IL 60674

Purpose of Disbursement
OFFICE SODA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : SB21B.I19094

Amount of Each Disbursement this Period

21.10

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address P.O. BOX 34744

City State Zip Code
SEATTLE WA 98124

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

Transaction ID : SB21B.I19095

Amount of Each Disbursement this Period

114.20

Full Name (Last, First, Middle Initial)

C. CONNECTIVIST MEDIA LLC

Mailing Address 544 E. OGDEN AVENUE #700-161

City State Zip Code
MILWAUKEE WI 53202

Purpose of Disbursement
FUNDRAISING CONSULTANT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : SB21B.I19096

Amount of Each Disbursement this Period

500.00

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

635.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CONVERSANT

Mailing Address 30699 RUSSELL RANCH ROAD

City WESTLAKE VILLAGE State CA Zip Code 91362

Purpose of Disbursement
ONLINE ADS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SB21B.I19097

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

B. DAN MORSE CONSULTING LLC

Mailing Address 5205 BARTON ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement
FUNDRAISING CONSULTANT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SB21B.I19098

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. DONER FUNDRAISING

Mailing Address 815 BRAZOS

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
FUNDRAISING CONSULTANT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB21B.I19099

Amount of Each Disbursement this Period

700.00

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

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

54700.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. EASY PERMIT POSTAGE PITNEY BOWES

Mailing Address P.O. BOX 371874

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
POSTAGE FOR METER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : **SB21B.I19100**

Amount of Each Disbursement this Period

9605.73

Full Name (Last, First, Middle Initial)

B. EDGEWOOD PLAZA JOINT VENTURE

Mailing Address 10400 W INNOVATION DRIVE

City State Zip Code
MILWAUKEE WI 53226

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : **SB21B.I19101**

Amount of Each Disbursement this Period

1160.94

Full Name (Last, First, Middle Initial)

C. FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City State Zip Code
ST. PAUL MN 55128-7143

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2014

Transaction ID : **SB21B.I19103**

Amount of Each Disbursement this Period

10.75

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

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

10777.42

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128-7143

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.I19104

Amount of Each Disbursement this Period

85.82

Full Name (Last, First, Middle Initial)

B. FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128-7143

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.I19105

Amount of Each Disbursement this Period

146.01

Full Name (Last, First, Middle Initial)

C. FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128-7143

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.I19106

Amount of Each Disbursement this Period

182.51

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

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

414.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HILLCREST PROPERTIES LTD.

Mailing Address 2986 COUNTY ROAD PP

City DEPERE State WI Zip Code 54115

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19109

Amount of Each Disbursement this Period

1225.00

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL JOSEFIK, PLLC

Mailing Address 45 N HILL DRIVE

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
EDO Compliance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB21B.I19110

Amount of Each Disbursement this Period

15216.25

Full Name (Last, First, Middle Initial)

C. IMPACT ACQUISITIONS, LLC

Mailing Address 75 REMITTANCE DRIVE

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.I19111

Amount of Each Disbursement this Period

20.57

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

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

16461.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. IMPACT ACQUISITIONS, LLC

Mailing Address 75 REMITTANCE DRIVE

City State Zip Code
CHICAGO IL 60675

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : SB21B.I19112

Amount of Each Disbursement this Period

20.57

Full Name (Last, First, Middle Initial)

B. ISTREAM

Mailing Address 13555 BISHOPS CT, STE 102

City State Zip Code
BROOKFIELD WI 53005

Purpose of Disbursement
CHECK PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : SB21B.I19113

Amount of Each Disbursement this Period

547.82

Full Name (Last, First, Middle Initial)

C. JOURNAL BROADCAST GROUP

Mailing Address 720 E CAPITOL DRIVE

City State Zip Code
MILWAUKEE WI 53212

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Transaction ID : SB21B.I19114

Amount of Each Disbursement this Period

900.00

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

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

1468.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 740423

City ATLANTA State GA Zip Code 30374

Purpose of Disbursement
COPIER LEASE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19116

Amount of Each Disbursement this Period

1302.99

Full Name (Last, First, Middle Initial)

B. LA CROSSE DEPOT

Mailing Address P.O. BOX 1283

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB21B.I19117

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. LA CROSSE DEPOT

Mailing Address P.O. BOX 1283

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19118

Amount of Each Disbursement this Period

186.78

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

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

2689.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LAPPIN HAYES ASSOCIATES

Mailing Address OGDEN AND COMPANT, INC

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB21B.I19119

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. LEXISNEXIS

Mailing Address P.O. BOX 2314

City CAROL STREAM State IL Zip Code 60132

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SB21B.I19120

Amount of Each Disbursement this Period

199.00

Full Name (Last, First, Middle Initial)

C. LIND WEININGER LLC

Mailing Address 8020 EXCELSIOR DRIVE #402

City MADISON State WI Zip Code 53717

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SB21B.I19121

Amount of Each Disbursement this Period

1000.00

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

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

2099.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LOMONA LLC

Mailing Address C/O SARA INVESTMENT REAL ESTATE L

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB21B.I19122

Amount of Each Disbursement this Period

1809.92

Full Name (Last, First, Middle Initial)

B. MAJORITY STRATEGIES

Mailing Address 135 PROFESSIONAL DRIVE

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19123

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

C. MAYFAIR OFFICE, LLC

Mailing Address BIN # 88144

City MILWAUKEE State WI Zip Code 53288

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB21B.I19124

Amount of Each Disbursement this Period

800.00

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

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

4409.92

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MG&E

Mailing Address P.O. BOX 1231

City MADISON State WI Zip Code 53701-1231

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.I19125

Amount of Each Disbursement this Period

904.14

Full Name (Last, First, Middle Initial)

B. MILLS ENTERPRISES, LLC

Mailing Address 4015 80TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19126

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MILLS ENTERPRISES, LLC

Mailing Address 4015 80TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : SB21B.I19127

Amount of Each Disbursement this Period

1083.55

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

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

2987.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. NGAN LEE

Mailing Address S4185 WHISPERING PINES DRIVE

City BARABOO State WI Zip Code 53913

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19129

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. OUGHTON GROUP, LLC

Mailing Address 824A S MAIN STREET

City FOND DU LAC State WI Zip Code 54935

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB21B.I19130

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PHASE 5, LLC

Mailing Address 4732 BARBARAS LANE

City STEVENS POINT State WI Zip Code 54481

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19131

Amount of Each Disbursement this Period

1500.00

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

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

3300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2014

Transaction ID : SB21B.I19132

Amount of Each Disbursement this Period

1.03

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.I19133

Amount of Each Disbursement this Period

11.41

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2014

Transaction ID : SB21B.I19134

Amount of Each Disbursement this Period

15.10

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

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

27.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SB21B.I19135

Amount of Each Disbursement this Period

20.02

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SB21B.I19136

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SB21B.I19137

Amount of Each Disbursement this Period

29.31

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

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

74.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 15 / 2014

Transaction ID : SB21B.I19138

Amount of Each Disbursement this Period

63.77

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 24 / 2014

Transaction ID : SB21B.I19139

Amount of Each Disbursement this Period

80.52

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 17 / 2014

Transaction ID : SB21B.I19140

Amount of Each Disbursement this Period

90.37

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

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

234.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : SB21B.I19141

Amount of Each Disbursement this Period

99.06

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : SB21B.I19142

Amount of Each Disbursement this Period

109.51

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.I19143

Amount of Each Disbursement this Period

119.27

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

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

327.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 18 / 2014

Transaction ID : SB21B.I19144

Amount of Each Disbursement this Period

135.78

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 22 / 2014

Transaction ID : SB21B.I19145

Amount of Each Disbursement this Period

138.98

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 23 / 2014

Transaction ID : SB21B.I19146

Amount of Each Disbursement this Period

140.05

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

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

414.81

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 16 / 2014

Transaction ID : SB21B.I19147

Amount of Each Disbursement this Period

159.62

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 25 / 2014

Transaction ID : SB21B.I19148

Amount of Each Disbursement this Period

165.71

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 21 / 2014

Transaction ID : SB21B.I19149

Amount of Each Disbursement this Period

195.22

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

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

520.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SB21B.I19150

Amount of Each Disbursement this Period

212.09

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SB21B.I19151

Amount of Each Disbursement this Period

238.67

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SB21B.I19152

Amount of Each Disbursement this Period

253.34

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

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

704.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PITNEY BOWES CREDIT CORPORATION

Mailing Address P.O. BOX 371887

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
POSTAGE METER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : **SB21B.I19153**

Amount of Each Disbursement this Period

8	0	4	.	7	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PRIME CAPITAL, LLC

Mailing Address P.O. BOX 1573

City State Zip Code
WAUSAU WI 54402

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : **SB21B.I19156**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PRO ONE JANITORIAL, INC.

Mailing Address 1101 ASHWAUBENON ST.

City State Zip Code
GREEN BAY WI 54304

Purpose of Disbursement
JANITORIAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : **SB21B.I19157**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

2	3	0	4	.	7	0
---	---	---	---	---	---	---

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

2	3	0	4	.	7	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SB21B.I19158

Amount of Each Disbursement this Period

417.00

Full Name (Last, First, Middle Initial)

B. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SB21B.I19159

Amount of Each Disbursement this Period

17000.00

Full Name (Last, First, Middle Initial)

C. PUSH DIGITAL

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SB21B.I19160

Amount of Each Disbursement this Period

820.70

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

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

18237.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PUSH DIGITAL

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.I19161

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

B. PUSH DIGITAL

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Transaction ID : SB21B.I19162

Amount of Each Disbursement this Period

2800.00

Full Name (Last, First, Middle Initial)

C. PUSH DIGITAL

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.I19163

Amount of Each Disbursement this Period

4136.00

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

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

9686.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PUSH DIGITAL

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : SB21B.I19164

Amount of Each Disbursement this Period

8029.00

Full Name (Last, First, Middle Initial)

B. RIVER CITY PARTNERS, LLC

Mailing Address 3033 EXCELSIOR BLVD

City MINNEAPOLIS State MN Zip Code 55416

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19165

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. RJ JOHNSON & ASSOCIATES, INC

Mailing Address N7130 NORTH LOST LAKE ROAD

City RANDOLPH State WI Zip Code 53956

Purpose of Disbursement
POLITICAL CONSULTING: STRATEGY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : SB21B.I19166

Amount of Each Disbursement this Period

10000.00

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

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

19229.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SCM ASSOCIATES, INC.

Mailing Address 1283 MAIN STREET

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19167

Amount of Each Disbursement this Period

796.01

Full Name (Last, First, Middle Initial)

B. SCM ASSOCIATES, INC.

Mailing Address 1283 MAIN STREET

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.I19168

Amount of Each Disbursement this Period

33463.00

Full Name (Last, First, Middle Initial)

C. SERVICE SPECIALISTS, INC.

Mailing Address P.O. BOX 160

City SUN PRAIRIE State WI Zip Code 53590

Purpose of Disbursement
BUILDING MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : SB21B.I19169

Amount of Each Disbursement this Period

648.62

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

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

34907.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SERVICE SPECIALISTS, INC.

Mailing Address P.O. BOX 160

City State Zip Code
SUN PRAIRIE WI 53590

Purpose of Disbursement
BUILDING MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : SB21B.I19170

Amount of Each Disbursement this Period

1	1	1	5	4	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. SOUTHWEST PUBLISHING & MAILING CORP

Mailing Address 4000 SE ADAMS STREET

City State Zip Code
TOPEKA KS 66609

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	4

Transaction ID : SB21B.I19171

Amount of Each Disbursement this Period

5	4	6	3	7	3	1
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SPRINT

Mailing Address P.O. BOX 4181

City State Zip Code
CAROL STREAM IL 60197

Purpose of Disbursement
CELL PHONES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : SB21B.I19172

Amount of Each Disbursement this Period

5	2	6	0
---	---	---	---

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

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

5	5	8	0	5	4	0
---	---	---	---	---	---	---

5	5	8	0	5	4	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SPRINT

Mailing Address P.O. BOX 4181

City State Zip Code
CAROL STREAM IL 60197

Purpose of Disbursement
CELL PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 03 / 2014

Transaction ID : SB21B.I19173

Amount of Each Disbursement this Period

686.30

Full Name (Last, First, Middle Initial)

B. STEVE BROWN DIRECT MAIL

Mailing Address 10045 WHITETAIL LANE

City State Zip Code
TRUCKEE CA 96161

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 24 / 2014

Transaction ID : SB21B.I19174

Amount of Each Disbursement this Period

2181.72

Full Name (Last, First, Middle Initial)

C. STEVE BROWN DIRECT MAIL

Mailing Address 10045 WHITETAIL LANE

City State Zip Code
TRUCKEE CA 96161

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 10 / 2014

Transaction ID : SB21B.I19175

Amount of Each Disbursement this Period

14593.87

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

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

17461.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STRATEGIC FUNDRAISING

Mailing Address 2625 MOMENTUM PLACE

City CHICAGO State IL Zip Code 60689

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SB21B.I19176

Amount of Each Disbursement this Period

30194.20

Full Name (Last, First, Middle Initial)

B. TC CARPET CARE, LLC

Mailing Address 231 N FAIR OAKS AVENUE

City MADISON State WI Zip Code 53714

Purpose of Disbursement
OFFICE MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB21B.I19177

Amount of Each Disbursement this Period

1002.26

Full Name (Last, First, Middle Initial)

C. TDS - MADISON 5590

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19178

Amount of Each Disbursement this Period

341.20

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

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

31537.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TDS METROCOM

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19179

Amount of Each Disbursement this Period

358.73

Full Name (Last, First, Middle Initial)

B. TDS METROCOM

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.I19180

Amount of Each Disbursement this Period

1062.85

Full Name (Last, First, Middle Initial)

C. TDS METROCOM

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE PHONES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.I19181

Amount of Each Disbursement this Period

1358.78

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

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

2780.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TENUTA-DEBARTOLO ENTERPRISES, LLC

Mailing Address 6040 39TH AVENUE

City KENOSHA State WI Zip Code 53703

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SB21B.I19182

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

B. TIME WARNER CABLE

Mailing Address P.O. BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2014

Transaction ID : SB21B.I19183

Amount of Each Disbursement this Period

64.50

Full Name (Last, First, Middle Initial)

C. TIME WARNER CABLE

Mailing Address P.O. BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SB21B.I19184

Amount of Each Disbursement this Period

152.75

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

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

1067.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TIME WARNER CABLE

Mailing Address P.O. BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19185

Amount of Each Disbursement this Period

342.47

Full Name (Last, First, Middle Initial)

B. TIME WARNER CABLE

Mailing Address P.O. BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.I19186

Amount of Each Disbursement this Period

451.13

Full Name (Last, First, Middle Initial)

C. TOOTH FAIRY LLC

Mailing Address 79 OAK CREEK TRAIL

City MADISON State WI Zip Code 53717

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19187

Amount of Each Disbursement this Period

1450.00

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

2243.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 300 W MOUNT VERNON AVENUE

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : SB21B.I19188

Amount of Each Disbursement this Period

2515.94

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address P.O. BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement
WIRELESS INTERNET

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB21B.I19189

Amount of Each Disbursement this Period

63.37

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address P.O. BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement
WIRELESS INTERNET

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : SB21B.I19190

Amount of Each Disbursement this Period

158.49

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

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

2737.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WAUKESHA EAST COMMERCE CENTER LLC

Mailing Address 1703 PEARL STREET

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB21B.I19191

Amount of Each Disbursement this Period

2070.50

Full Name (Last, First, Middle Initial)

B. WE ENERGIES

Mailing Address 231 W MICHIGAN STREET

City MILWAUKEE State WI Zip Code 53203-2918

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SB21B.I19193

Amount of Each Disbursement this Period

126.77

Full Name (Last, First, Middle Initial)

C. WE ENERGIES

Mailing Address 231 W MICHIGAN STREET

City MILWAUKEE State WI Zip Code 53203-2918

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19194

Amount of Each Disbursement this Period

499.15

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

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

2696.42

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WEST BEND MUTUAL

Mailing Address 1900 SOUTH 18TH AVE

City WEST BEND State WI Zip Code 53095

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2014

Transaction ID : SB21B.I19195

Amount of Each Disbursement this Period

3939.75

B. WILAND DIRECT INC.

Mailing Address P.O. BOX 17361

City DENVER State CO Zip Code 80217

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Transaction ID : SB21B.I19196

Amount of Each Disbursement this Period

1875.00

C. WISC DEPT OF REVENUE - SLS TX

Mailing Address P.O. BOX 930208

City MILWAUKEE State WI Zip Code 53293

Purpose of Disbursement
SALES/USE TAX

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : SB21B.I19197

Amount of Each Disbursement this Period

1154.44

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

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

6969.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WISCONSIN CLUB

Mailing Address 900 W. WISCONSIN AVENUE

City MILWAUKEE State WI Zip Code 53233

Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB21B.I19198

Amount of Each Disbursement this Period

1263.36

Full Name (Last, First, Middle Initial)

B. WISCONSIN PUBLIC SERVICE CORPORATION

Mailing Address P.O. BOX 19003

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19199

Amount of Each Disbursement this Period

146.11

Full Name (Last, First, Middle Initial)

C. WISCONSIN PUBLIC SERVICE CORPORATION

Mailing Address P.O. BOX 19003

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SB21B.I19200

Amount of Each Disbursement this Period

158.45

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

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

1567.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. XCEL ENERGY

Mailing Address P.O. BOX 9477

City State Zip Code
MINNEAPOLIS MN 55484

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SB21B.I19201

Amount of Each Disbursement this Period

352.38

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

352.38

392380.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AB NICHOLAS

Mailing Address NICHOLAS COMPANY

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
RETURNED CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SB21B.I19057

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

10000.00

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALEXA ARDIS

Mailing Address 2616 HIGH MEADOW ROAD

City NAPERVILLE State IL Zip Code 60564

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19372

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ALEXA ARDIS

Mailing Address 2616 HIGH MEADOW ROAD

City NAPERVILLE State IL Zip Code 60564

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19426

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NICOLE BEAMER

Mailing Address 3026 SADDLE BROOK TRAIL

City SUN PRAIRIE State WI Zip Code 53590

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19410

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. NICOLE BEAMER

Mailing Address 3026 SADDLE BROOK TRAIL

City SUN PRAIRIE State WI Zip Code 53590

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19468

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

B. NICOLE BEAMER

Mailing Address 3026 SADDLE BROOK TRAIL

City SUN PRAIRIE State WI Zip Code 53590

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19502

Amount of Each Disbursement this Period

224.07

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19555

Amount of Each Disbursement this Period

40.50

[MEMO ITEM]

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

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

1193.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DANIEL BORKHUS

Mailing Address 403 W DOTY STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19387

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DANIEL BORKHUS

Mailing Address 403 W DOTY STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19442

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City CAMBRIDGE State WI Zip Code 53523

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19408

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City CAMBRIDGE State WI Zip Code 53523

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19466

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LAUREN CLARK

Mailing Address 5002 AUTUMN LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19404

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. LAUREN CLARK

Mailing Address 5002 AUTUMN LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19462

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. NICHOLAS COLLETTI

Mailing Address 7718 36TH AVENUE

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 01 / 2014

Transaction ID : SB30B.I19370

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

B. NICHOLAS COLLETTI

Mailing Address 7718 36TH AVENUE

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 15 / 2014

Transaction ID : SB30B.I19409

Amount of Each Disbursement this Period

944.07

Full Name (Last, First, Middle Initial)

C. NICHOLAS COLLETTI

Mailing Address 7718 36TH AVENUE

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 31 / 2014

Transaction ID : SB30B.I19467

Amount of Each Disbursement this Period

944.31

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

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

2832.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. NICHOLAS COLLETTI

Mailing Address 7718 36TH AVENUE

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	4		

Transaction ID : SB30B.I19482

Amount of Each Disbursement this Period

3	4	9	.	2	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3900 N 124TH STREET

City WAUWATOSA State WI Zip Code 53222

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB30B.I19586

Amount of Each Disbursement this Period

9	.	5	0
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WOODMAN'S

Mailing Address 1600 E MAIN STREET

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB30B.I19596

Amount of Each Disbursement this Period

6	4	.	6	3
---	---	---	---	---

[MEMO ITEM]

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

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

3	4	9	.	2	0
---	---	---	---	---	---

3	4	9	.	2	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WOODMAN'S

Mailing Address 1600 E MAIN STREET

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.I19684

Amount of Each Disbursement this Period

1	6	.	5	5
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NICHOLAS COLLETTI

Mailing Address 7718 36TH AVENUE

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : SB30B.I19503

Amount of Each Disbursement this Period

1	1	9	0	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	4

Transaction ID : SB30B.I19657

Amount of Each Disbursement this Period

0	4	.	9
---	---	---	---

[MEMO ITEM]

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

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

1	1	9	0	6
---	---	---	---	---

1	1	9	0	6
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SB30B.I19658

Amount of Each Disbursement this Period

0.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : SB30B.I19659

Amount of Each Disbursement this Period

1.24

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code
WHITEFISH BAY WI 53217

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19412

Amount of Each Disbursement this Period

1116.19

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

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

1116.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code
WHITEFISH BAY WI 53217

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19470

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

B. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code
WHITEFISH BAY WI 53217

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19483

Amount of Each Disbursement this Period

239.64

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19543

Amount of Each Disbursement this Period

239.64

[MEMO ITEM]

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

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

1355.84

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City BAY VIEW State WI Zip Code 53207

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB30B.I19421

Amount of Each Disbursement this Period

969.68

Category/
Type

Full Name (Last, First, Middle Initial)

B. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City BAY VIEW State WI Zip Code 53207

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19479

Amount of Each Disbursement this Period

969.69

Category/
Type

Full Name (Last, First, Middle Initial)

C. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City BAY VIEW State WI Zip Code 53207

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19504

Amount of Each Disbursement this Period

158.81

Category/
Type

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

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

2098.18

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	1	4		

Transaction ID : SB30B.I19626

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SODE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	1	4		

Transaction ID : SB30B.I19601

Amount of Each Disbursement this Period

2	2	.	2	6
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	1	4		

Transaction ID : SB30B.I19666

Amount of Each Disbursement this Period

2	5	.	2	9
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. REED DHEIN

Mailing Address 1333 MILTON STREET

City MADISON State WI Zip Code 53715

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19414

Amount of Each Disbursement this Period

177.37

Full Name (Last, First, Middle Initial)

B. REED DHEIN

Mailing Address 1333 MILTON STREET

City MADISON State WI Zip Code 53715

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19472

Amount of Each Disbursement this Period

394.60

Full Name (Last, First, Middle Initial)

C. RICHARD DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19415

Amount of Each Disbursement this Period

1175.83

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

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

1747.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RICHARD DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19473

Amount of Each Disbursement this Period

1181.60

Full Name (Last, First, Middle Initial)

B. RICHARD DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19505

Amount of Each Disbursement this Period

101.14

Full Name (Last, First, Middle Initial)

C. ALYSSA DIGILIO

Mailing Address 1013 FOX PATH

City WEST DUNDEE State IL Zip Code 60118

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB30B.I19375

Amount of Each Disbursement this Period

349.87

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

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

1632.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALYSSA DIGILIO

Mailing Address 1013 FOX PATH

City WEST DUNDEE State IL Zip Code 60118

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19429

Amount of Each Disbursement this Period

353.01

Full Name (Last, First, Middle Initial)

B. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19394

Amount of Each Disbursement this Period

1255.88

Full Name (Last, First, Middle Initial)

C. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19451

Amount of Each Disbursement this Period

1255.89

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

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

2864.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19484

Amount of Each Disbursement this Period

80.40

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City MADISON State WI Zip Code 53704

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19544

Amount of Each Disbursement this Period

80.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19506

Amount of Each Disbursement this Period

45.60

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

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

126.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : SB30B.I19556

Amount of Each Disbursement this Period

4	5	.	6	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City State Zip Code
MILWAUKEE WI 53221

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : SB30B.I19422

Amount of Each Disbursement this Period

9	6	9	.	6	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City State Zip Code
MILWAUKEE WI 53221

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : SB30B.I19480

Amount of Each Disbursement this Period

9	6	8	.	9	1
---	---	---	---	---	---

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

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

1	9	3	8	.	6	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City MILWAUKEE State WI Zip Code 53221

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19485

Amount of Each Disbursement this Period

60.42

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19545

Amount of Each Disbursement this Period

56.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City MILWAUKEE State WI Zip Code 53221

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19507

Amount of Each Disbursement this Period

187.08

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

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

247.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19557

Amount of Each Disbursement this Period

9.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19520

Amount of Each Disbursement this Period

5.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB30B.I19523

Amount of Each Disbursement this Period

19.15

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19530

Amount of Each Disbursement this Period

26.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOSEPH FADNESS

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132-2237

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19398

Amount of Each Disbursement this Period

2449.82

Full Name (Last, First, Middle Initial)

C. JOSEPH FADNESS

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132-2237

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19455

Amount of Each Disbursement this Period

2449.81

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

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

4899.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City BELLEVILLE State WI Zip Code 53508

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19392

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City BELLEVILLE State WI Zip Code 53508

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19447

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City BELLEVILLE State WI Zip Code 53508

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19448

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SB30B.I19625

Amount of Each Disbursement this Period

46.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3900 N 124TH STREET

City WAUWATOSA State WI Zip Code 53222

Purpose of Disbursement
DECORATIONS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SB30B.I19623

Amount of Each Disbursement this Period

16.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SB30B.I19621

Amount of Each Disbursement this Period

8.82

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City BELLEVILLE State WI Zip Code 53508

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19486

Amount of Each Disbursement this Period

112.91

Full Name (Last, First, Middle Initial)

B. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SB30B.I19583

Amount of Each Disbursement this Period

54.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3900 N 124TH STREET

City WAUWATOSA State WI Zip Code 53222

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SB30B.I19682

Amount of Each Disbursement this Period

49.57

[MEMO ITEM]

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

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

112.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City GREENFIELD State WI Zip Code 53220

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19388

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City GREENFIELD State WI Zip Code 53220

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19443

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City GREENFIELD State WI Zip Code 53220

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19487

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SB30B.I19594

Amount of Each Disbursement this Period

52.77

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City GREENFIELD State WI Zip Code 53220

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19508

Amount of Each Disbursement this Period

100.02

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SB30B.I19612

Amount of Each Disbursement this Period

4.85

[MEMO ITEM]

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

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

100.02

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SB30B.I19661

Amount of Each Disbursement this Period

18.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19395

Amount of Each Disbursement this Period

575.08

Full Name (Last, First, Middle Initial)

C. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19452

Amount of Each Disbursement this Period

764.92

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

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

1340.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SYDNEY FUQUA

Mailing Address 8504 E 94TH STREET

City TULSA State OK Zip Code 74133

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19420

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

B. SYDNEY FUQUA

Mailing Address 8504 E 94TH STREET

City TULSA State OK Zip Code 74133

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19478

Amount of Each Disbursement this Period

944.07

Full Name (Last, First, Middle Initial)

C. SYDNEY FUQUA

Mailing Address 8504 E 94TH STREET

City TULSA State OK Zip Code 74133

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19509

Amount of Each Disbursement this Period

101.89

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

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

1990.04

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City ANN ARBOR State MI Zip Code 48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2014

Transaction ID : SB30B.I19648

Amount of Each Disbursement this Period

32.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19558

Amount of Each Disbursement this Period

56.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2014

Transaction ID : SB30B.I19537

Amount of Each Disbursement this Period

12.13

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BEN GILES

Mailing Address 1510 TRIPP CIRCLE

City MADISON State WI Zip Code 53706

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19378

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BEN GILES

Mailing Address 1510 TRIPP CIRCLE

City MADISON State WI Zip Code 53706

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19432

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SAMANTHA GILKES

Mailing Address 31 N RANDALL AVENUE

City MADISON State WI Zip Code 53715

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19416

Amount of Each Disbursement this Period

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SAMANTHA GILKES

Mailing Address 31 N RANDALL AVENUE

City MADISON State WI Zip Code 53715

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19474

Amount of Each Disbursement this Period

324.49

Full Name (Last, First, Middle Initial)

B. ANDREW GOWDY

Mailing Address W279 N5886 WALNUT GROVE DR.

City SUSSEX State WI Zip Code 53089

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19377

Amount of Each Disbursement this Period

1281.48

Full Name (Last, First, Middle Initial)

C. ANDREW GOWDY

Mailing Address W279 N5886 WALNUT GROVE DR.

City SUSSEX State WI Zip Code 53089

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19431

Amount of Each Disbursement this Period

1281.49

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

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

2887.46

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARTHA GRAVLEE

Mailing Address 2440 OAK RIDGE CIRCLE

City DE PERE State WI Zip Code 54115

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19407

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. MARTHA GRAVLEE

Mailing Address 2440 OAK RIDGE CIRCLE

City DE PERE State WI Zip Code 54115

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19465

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MARTHA GRAVLEE

Mailing Address 2440 OAK RIDGE CIRCLE

City DE PERE State WI Zip Code 54115

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19488

Amount of Each Disbursement this Period

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19546

Amount of Each Disbursement this Period

271.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARTHA GRAVLEE

Mailing Address 2440 OAK RIDGE CIRCLE

City State Zip Code
DE PERE WI 54115

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19510

Amount of Each Disbursement this Period

659.09

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19559

Amount of Each Disbursement this Period

606.60

[MEMO ITEM]

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

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

659.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. KELLY GROSSHUESCH

Mailing Address 915 DREIFUERST ROAD

City PLYMOUTH State WI Zip Code 53073

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19401

Amount of Each Disbursement this Period

394.60

Full Name (Last, First, Middle Initial)

B. KELLY GROSSHUESCH

Mailing Address 915 DREIFUERST ROAD

City PLYMOUTH State WI Zip Code 53073

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19459

Amount of Each Disbursement this Period

394.60

Full Name (Last, First, Middle Initial)

C. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19380

Amount of Each Disbursement this Period

1116.19

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

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

1905.39

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19435

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City VIRGINIA BEACH State VA Zip Code 23464

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19489

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19547

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

Transaction ID : SB30B.I19582

Amount of Each Disbursement this Period

17.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SB30B.I19618

Amount of Each Disbursement this Period

46.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DONNA HEIMBACH

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562-2425

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SB30B.I19389

Amount of Each Disbursement this Period

564.22

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

564.22

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DONNA HEIMBACH

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562-2425

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19444

Amount of Each Disbursement this Period

142.38

Full Name (Last, First, Middle Initial)

B. ANDREA HELLENBRAND

Mailing Address 6635 WINDSOR COMMONS AVENUE

City WINDSOR State WI Zip Code 53598

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19376

Amount of Each Disbursement this Period

1262.72

Full Name (Last, First, Middle Initial)

C. ANDREA HELLENBRAND

Mailing Address 6635 WINDSOR COMMONS AVENUE

City WINDSOR State WI Zip Code 53598

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19430

Amount of Each Disbursement this Period

1262.71

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

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

2667.81

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRIS JENKYNS

Mailing Address 463 PARK PLACE

City KEWASKUM State WI Zip Code 53040

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19383

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

B. CHRIS JENKYNS

Mailing Address 463 PARK PLACE

City KEWASKUM State WI Zip Code 53040

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19438

Amount of Each Disbursement this Period

944.07

Full Name (Last, First, Middle Initial)

C. CHRIS JENKYNS

Mailing Address 463 PARK PLACE

City KEWASKUM State WI Zip Code 53040

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19490

Amount of Each Disbursement this Period

161.30

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

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

2049.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.119548

Amount of Each Disbursement this Period

62.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City State Zip Code
MADISON WI 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : SB30B.119578

Amount of Each Disbursement this Period

21.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3900 N 124TH STREET

City State Zip Code
WAUWATOSA WI 53222

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SB30B.119587

Amount of Each Disbursement this Period

11.80

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SB30B.I19683

Amount of Each Disbursement this Period

15.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CHRIS JENKYN

Mailing Address 463 PARK PLACE

City KEWASKUM State WI Zip Code 53040

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19511

Amount of Each Disbursement this Period

182.63

Full Name (Last, First, Middle Initial)

C. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City ANN ARBOR State MI Zip Code 48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2014

Transaction ID : SB30B.I19655

Amount of Each Disbursement this Period

45.43

[MEMO ITEM]

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

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

182.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB30B.I19633

Amount of Each Disbursement this Period

49.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH STREET

City State Zip Code
BENTONVILLE AR 72716

Purpose of Disbursement
OFFICE BEVERAGES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SB30B.I19524

Amount of Each Disbursement this Period

16.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH STREET

City State Zip Code
BENTONVILLE AR 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB30B.I19615

Amount of Each Disbursement this Period

26.93

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ADAM JORDAHL

Mailing Address 5909 SANDHILL DRIVE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I19371**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADAM JORDAHL

Mailing Address 5909 SANDHILL DRIVE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I19425**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BRIAN KIND

Mailing Address 405 DORAL COURT

City WAUNAKEE State WI Zip Code 53597

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I19381**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BRIAN KIND

Mailing Address 405 DORAL COURT

City WAUNAKEE State WI Zip Code 53597

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19436

Amount of Each Disbursement this Period

658.36

Full Name (Last, First, Middle Initial)

B. JOSEF LEVERATTO

Mailing Address 16011 VIA SOLA

City LAKE ELSINARE State CA Zip Code 92530

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB30B.I19397

Amount of Each Disbursement this Period

1288.30

Full Name (Last, First, Middle Initial)

C. JOSEF LEVERATTO

Mailing Address 16011 VIA SOLA

City LAKE ELSINARE State CA Zip Code 92530

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19454

Amount of Each Disbursement this Period

1288.32

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

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

3234.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LARRY LOOMIS

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19403

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LARRY LOOMIS

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19461

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ALEXANDER MANDRY

Mailing Address 513 LEWIS STREET

City BURLINGTON State WI Zip Code 53105

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19373

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALEXANDER MANDRY

Mailing Address 513 LEWIS STREET

City BURLINGTON State WI Zip Code 53105

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19427

Amount of Each Disbursement this Period

558.77

Full Name (Last, First, Middle Initial)

B. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB30B.I19384

Amount of Each Disbursement this Period

1116.19

Full Name (Last, First, Middle Initial)

C. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19439

Amount of Each Disbursement this Period

1116.20

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

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

2791.16

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19491

Amount of Each Disbursement this Period

41.52

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19549

Amount of Each Disbursement this Period

13.02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SB30B.I19619

Amount of Each Disbursement this Period

28.50

[MEMO ITEM]

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

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

41.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19512

Amount of Each Disbursement this Period

263.72

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19560

Amount of Each Disbursement this Period

138.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SEAN MCNALLY

Mailing Address 3037 BOSSHARD DRIVE

City FITCHBURG State WI Zip Code 53711

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19418

Amount of Each Disbursement this Period

392.44

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

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

656.16

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SEAN MCNALLY

Mailing Address 3037 BOSSHARD DRIVE

City FITCHBURG State WI Zip Code 53711

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19476

Amount of Each Disbursement this Period

969.68

Full Name (Last, First, Middle Initial)

B. STEPHEN MEYER

Mailing Address 4418 N STOWELL AVENUE

City MILWAUKEE State WI Zip Code 53211

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19419

Amount of Each Disbursement this Period

995.27

Full Name (Last, First, Middle Initial)

C. STEPHEN MEYER

Mailing Address 4418 N STOWELL AVENUE

City MILWAUKEE State WI Zip Code 53211

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19477

Amount of Each Disbursement this Period

995.28

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

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

2960.23

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STEPHEN MEYER

Mailing Address 4418 N STOWELL AVENUE

City MILWAUKEE State WI Zip Code 53211

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19492

Amount of Each Disbursement this Period

117.66

Category/
Type

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3900 N 124TH STREET

City WAUWATOSA State WI Zip Code 53222

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SB30B.I19588

Amount of Each Disbursement this Period

9.43

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3900 N 124TH STREET

City WAUWATOSA State WI Zip Code 53222

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SB30B.I19589

Amount of Each Disbursement this Period

6.06

Category/
Type

[MEMO ITEM]

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

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

117.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SB30B.I19591

Amount of Each Disbursement this Period

89.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SB30B.I19595

Amount of Each Disbursement this Period

7.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19406

Amount of Each Disbursement this Period

1434.82

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

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

1434.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City State Zip Code
EAU CLAIRE WI 54701

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19464

Amount of Each Disbursement this Period

1434.82

Full Name (Last, First, Middle Initial)

B. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City State Zip Code
EAU CLAIRE WI 54701

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19493

Amount of Each Disbursement this Period

432.81

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19550

Amount of Each Disbursement this Period

432.81

[MEMO ITEM]

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

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

1867.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19513

Amount of Each Disbursement this Period

128.49

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19561

Amount of Each Disbursement this Period

68.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HANNAH O' CONNOR

Mailing Address 2200 MEADOW GREEN

City STOUGHTON State WI Zip Code 53589

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB30B.I19391

Amount of Each Disbursement this Period

944.07

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

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

1072.56

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HANNAH O' CONNOR

Mailing Address 2200 MEADOW GREEN

City **STOUGHTON** State **WI** Zip Code **53589**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB30B.I19424

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. HANNAH O' CONNOR

Mailing Address 2200 MEADOW GREEN

City **STOUGHTON** State **WI** Zip Code **53589**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB30B.I19446

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

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

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB30B.I19413

Amount of Each Disbursement this Period

Category/
Type

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB30B.I19471

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

B. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB30B.I19494

Amount of Each Disbursement this Period

95.82

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : SB30B.I19592

Amount of Each Disbursement this Period

56.91

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1039.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SB30B.I19593

Amount of Each Disbursement this Period

38.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City OSHKOSH State WI Zip Code 54901

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19514

Amount of Each Disbursement this Period

237.99

Full Name (Last, First, Middle Initial)

C. CARTRIDGE WORLD

Mailing Address N6663 ROLLING MEADOW DRIVE

City FOND DU LAC State WI Zip Code 54937

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB30B.I19538

Amount of Each Disbursement this Period

84.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

237.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CARTRIDGE WORLD

Mailing Address N6663 ROLLING MEADOW DRIVE

City FOND DU LAC State WI Zip Code 54937

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SB30B.I19539

Amount of Each Disbursement this Period

111.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19562

Amount of Each Disbursement this Period

23.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2014

Transaction ID : SB30B.I19525

Amount of Each Disbursement this Period

15.19

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2014

Transaction ID : SB30B.I19622

Amount of Each Disbursement this Period

2.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City MILWAUKEE State WI Zip Code 53212

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19411

Amount of Each Disbursement this Period

1820.42

Full Name (Last, First, Middle Initial)

C. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City MILWAUKEE State WI Zip Code 53212

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19469

Amount of Each Disbursement this Period

1820.42

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3640.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City MILWAUKEE State WI Zip Code 53212

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19495

Amount of Each Disbursement this Period

49.91

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19551

Amount of Each Disbursement this Period

14.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SCOTT POOLE

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19417

Amount of Each Disbursement this Period

89.62

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

139.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SCOTT POOLE

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 31 / 2014

Transaction ID : SB30B.I19475

Amount of Each Disbursement this Period

270.46

Full Name (Last, First, Middle Initial)

B. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City MOSINEE State WI Zip Code 54455

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 15 / 2014

Transaction ID : SB30B.I19390

Amount of Each Disbursement this Period

995.27

Full Name (Last, First, Middle Initial)

C. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City MOSINEE State WI Zip Code 54455

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 31 / 2014

Transaction ID : SB30B.I19445

Amount of Each Disbursement this Period

995.28

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2261.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City State Zip Code
MOSINEE WI 54455

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19496

Amount of Each Disbursement this Period

35.06

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19552

Amount of Each Disbursement this Period

18.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City State Zip Code
MADISON WI 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SB30B.I19584

Amount of Each Disbursement this Period

16.26

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

35.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City State Zip Code
MOSINEE WI 54455

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19515

Amount of Each Disbursement this Period

178.44

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19563

Amount of Each Disbursement this Period

18.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City State Zip Code
MADISON WI 53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SB30B.I19566

Amount of Each Disbursement this Period

87.65

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

178.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19393

Amount of Each Disbursement this Period

890.48

Full Name (Last, First, Middle Initial)

B. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19449

Amount of Each Disbursement this Period

198.80

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : SB30B.I19634

Amount of Each Disbursement this Period

9.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1089.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SB30B.I19597

Amount of Each Disbursement this Period

41.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19598

Amount of Each Disbursement this Period

10.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB30B.I19599

Amount of Each Disbursement this Period

19.23

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2014

Transaction ID : SB30B.I19600

Amount of Each Disbursement this Period

11.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19450

Amount of Each Disbursement this Period

944.07

Full Name (Last, First, Middle Initial)

C. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19497

Amount of Each Disbursement this Period

53.60

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

997.67

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : SB30B.I19554

Amount of Each Disbursement this Period

4	9	0
---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LINDA RICHARDS

Mailing Address 652 TOWER DRIVE

City State Zip Code
SUN PRAIRIE WI 53590

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

Transaction ID : SB30B.I19405

Amount of Each Disbursement this Period

2	7	8	.	1	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LINDA RICHARDS

Mailing Address 652 TOWER DRIVE

City State Zip Code
SUN PRAIRIE WI 53590

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

Transaction ID : SB30B.I19463

Amount of Each Disbursement this Period

2	7	3	.	5	8
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5	5	1	.	7	5
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5	5	1	.	7	5
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City MADISON State WI Zip Code 53717

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19402

Amount of Each Disbursement this Period

1411.30

Full Name (Last, First, Middle Initial)

B. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City MADISON State WI Zip Code 53717

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19460

Amount of Each Disbursement this Period

1411.31

Full Name (Last, First, Middle Initial)

C. CHRIS SCHAEFER

Mailing Address 1338 W 4TH STREET

City KIMBERLY State WI Zip Code 54136

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19385

Amount of Each Disbursement this Period

944.08

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3766.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRIS SCHAEFER

Mailing Address 1338 W 4TH STREET

City State Zip Code
KIMBERLY WI 54136

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19440

Amount of Each Disbursement this Period

944.07

Category/
Type

Full Name (Last, First, Middle Initial)

B. CHRIS SCHAEFER

Mailing Address 1338 W 4TH STREET

City State Zip Code
KIMBERLY WI 54136

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19498

Amount of Each Disbursement this Period

96.46

Category/
Type

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City State Zip Code
MADISON WI 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2014

Transaction ID : SB30B.I19579

Amount of Each Disbursement this Period

31.48

Category/
Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1040.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SB30B.I19581

Amount of Each Disbursement this Period

46.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 04 / 2014

Transaction ID : SB30B.I19620

Amount of Each Disbursement this Period

2.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHRIS SCHAEFER

Mailing Address 1338 W 4TH STREET

City KIMBERLY State WI Zip Code 54136

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19516

Amount of Each Disbursement this Period

216.85

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

216.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	4		

Transaction ID : SB30B.I19564

Amount of Each Disbursement this Period

7	5	.	1	6
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JONATHAN SCHMIEDER

Mailing Address 3117 STRATTON WAY, APT 207

City State Zip Code
MADISON WI 53719

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	1	4		

Transaction ID : SB30B.I19396

Amount of Each Disbursement this Period

1	8	2	.	0	4	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JONATHAN SCHMIEDER

Mailing Address 3117 STRATTON WAY, APT 207

City State Zip Code
MADISON WI 53719

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	1	4		

Transaction ID : SB30B.I19453

Amount of Each Disbursement this Period

1	8	2	.	0	4	2
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	6	4	.	0	8	4
---	---	---	---	---	---	---

3	6	4	.	0	8	4
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JONATHAN SCHMIEDER

Mailing Address 3117 STRATTON WAY, APT 207

City MADISON State WI Zip Code 53719

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19499

Amount of Each Disbursement this Period

1438.62

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19553

Amount of Each Disbursement this Period

1053.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SB30B.I19673

Amount of Each Disbursement this Period

49.98

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1438.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19616

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. COOPER SMITH

Mailing Address 20815 GLEN COVE

City State Zip Code
GARDEN RIDGE TX 78266

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19386

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. COOPER SMITH

Mailing Address 20815 GLEN COVE

City State Zip Code
GARDEN RIDGE TX 78266

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19441

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. COOPER SMITH

Mailing Address 20815 GLEN COVE

City GARDEN RIDGE State TX Zip Code 78266

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19500

Amount of Each Disbursement this Period

43.25

Full Name (Last, First, Middle Initial)

B. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : SB30B.I19580

Amount of Each Disbursement this Period

28.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. COOPER SMITH

Mailing Address 20815 GLEN COVE

City GARDEN RIDGE State TX Zip Code 78266

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19517

Amount of Each Disbursement this Period

55.57

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

98.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CARL STOLTE

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I19382**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CARL STOLTE

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I19437**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. WILL THOMPSON

Mailing Address 1007 N CASS STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I19423**

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WILL THOMPSON

Mailing Address 1007 N CASS STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19481

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. WILL THOMPSON

Mailing Address 1007 N CASS STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19518

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19627

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BEN TUSHAUS

Mailing Address 3200 MARTI LANE

City State Zip Code
BROOKFIELD WI 53045

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SB30B.I18908

Amount of Each Disbursement this Period

96.89

Category/
Type

Full Name (Last, First, Middle Initial)

B. BEN TUSHAUS

Mailing Address 3200 MARTI LANE

City State Zip Code
BROOKFIELD WI 53045

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19379

Amount of Each Disbursement this Period

969.69

Category/
Type

Full Name (Last, First, Middle Initial)

C. BEN TUSHAUS

Mailing Address 3200 MARTI LANE

City State Zip Code
BROOKFIELD WI 53045

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19433

Amount of Each Disbursement this Period

969.68

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2036.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BEN TUSHAUS

Mailing Address 3200 MARTI LANE

City State Zip Code
BROOKFIELD WI 53045

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19434

Amount of Each Disbursement this Period

61.95

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19565

Amount of Each Disbursement this Period

61.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JOSSELYN VALASQUEZ

Mailing Address 614 LANGDON STREET

City State Zip Code
MADISON WI 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19458

Amount of Each Disbursement this Period

203.17

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

265.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALEXANDER WALKER

Mailing Address 520 N 68TH STREET

City WAUWATOSA State WI Zip Code 53213

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19374

Amount of Each Disbursement this Period

438.61

Full Name (Last, First, Middle Initial)

B. ALEXANDER WALKER

Mailing Address 520 N 68TH STREET

City WAUWATOSA State WI Zip Code 53213

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19428

Amount of Each Disbursement this Period

438.61

Full Name (Last, First, Middle Initial)

C. JOSHUA WILSON

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19399

Amount of Each Disbursement this Period

502.92

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1380.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOSHUA WILSON

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19456

Amount of Each Disbursement this Period

524.76

Full Name (Last, First, Middle Initial)

B. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City STEVENS POINT State WI Zip Code 54482

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19400

Amount of Each Disbursement this Period

995.28

Full Name (Last, First, Middle Initial)

C. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City STEVENS POINT State WI Zip Code 54482

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19457

Amount of Each Disbursement this Period

995.27

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2515.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City State Zip Code
STEVENS POINT WI 54482

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
07 / 15 / 2014

Transaction ID : SB30B.I19501

Amount of Each Disbursement this Period

55.82

Full Name (Last, First, Middle Initial)

B. FESTIVAL FOODS

Mailing Address 3007 MALL DRIVE

City State Zip Code
EAU CLAIRE WI 54701

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
06 / 27 / 2014

Transaction ID : SB30B.I19677

Amount of Each Disbursement this Period

30.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FESTIVAL FOODS

Mailing Address 3007 MALL DRIVE

City State Zip Code
EAU CLAIRE WI 54701

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
06 / 28 / 2014

Transaction ID : SB30B.I19678

Amount of Each Disbursement this Period

6.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

55.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address

City State Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SB30B.I19617

Amount of Each Disbursement this Period

16.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City State Zip Code
STEVENS POINT WI 54482

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19519

Amount of Each Disbursement this Period

91.81

Full Name (Last, First, Middle Initial)

C. FESTIVAL FOODS

Mailing Address 3007 MALL DRIVE

City State Zip Code
EAU CLAIRE WI 54701

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2014

Transaction ID : SB30B.I19533

Amount of Each Disbursement this Period

9.57

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

91.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FESTIVAL FOODS

Mailing Address 3007 MALL DRIVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB30B.I19536

Amount of Each Disbursement this Period

27.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FESTIVAL FOODS

Mailing Address 3007 MALL DRIVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement
OFFICE WATER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2014

Transaction ID : SB30B.I19685

Amount of Each Disbursement this Period

4.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19002

Amount of Each Disbursement this Period

10.83

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB30B.I19003

Amount of Each Disbursement this Period

53.86

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB30B.I19005

Amount of Each Disbursement this Period

86.00

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19006

Amount of Each Disbursement this Period

86.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

225.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19007

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19008

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19009

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19010

Amount of Each Disbursement this Period

299.21

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19011

Amount of Each Disbursement this Period

529.10

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB30B.I19012

Amount of Each Disbursement this Period

544.14

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1372.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19013

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19014

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19015

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19016

Amount of Each Disbursement this Period

8342.32

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB30B.I19017

Amount of Each Disbursement this Period

11282.16

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SB30B.I19344

Amount of Each Disbursement this Period

6.43

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

19630.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19345

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19348

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
REFUNDED PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I19688

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Mailing Address 140 FELL COURT

Transaction ID : SB30B.I19689

City State Zip Code
HAUPPAUGE NY 11788

Amount of Each Disbursement this Period

229.41

Purpose of Disbursement
PAYROLL TAX

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Mailing Address BOX 6164

Transaction ID : SB30B.I19362

City State Zip Code
INDIANAPOLIS IN 46206-6164

Amount of Each Disbursement this Period

80.51

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Mailing Address BOX 6164

Transaction ID : SB30B.I19363

City State Zip Code
INDIANAPOLIS IN 46206-6164

Amount of Each Disbursement this Period

98.26

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

408.18

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ASSURANT EMPLOYEE BENEFITS

Mailing Address P.O. BOX 807009

City State Zip Code
KANSAS CITY MO 64184

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SB30B.I19020

Amount of Each Disbursement this Period

178.54

Full Name (Last, First, Middle Initial)

B. DEAN CARE

Mailing Address P.O. BOX 673111

City State Zip Code
CHICAGO IL 60695

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB30B.I19365

Amount of Each Disbursement this Period

4653.56

Full Name (Last, First, Middle Initial)

C. DEAN CARE

Mailing Address P.O. BOX 673111

City State Zip Code
CHICAGO IL 60695

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SB30B.I19366

Amount of Each Disbursement this Period

13518.90

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

18351.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DELTA DENTAL

Mailing Address P.O. BOX 828

City State Zip Code
STEVENS POINT WI 54481

Purpose of Disbursement
DENTAL INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : **SB30B.I19023**

Amount of Each Disbursement this Period

235.69

B. EMPLOYEE BENEFITS CORPORATION

Mailing Address P.O. BOX 44347

City State Zip Code
MADISON WI 53744-4347

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : **SB30B.I19368**

Amount of Each Disbursement this Period

208.91

C. EMPLOYEE BENEFITS CORPORATION

Mailing Address P.O. BOX 44347

City State Zip Code
MADISON WI 53744-4347

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Transaction ID : **SB30B.I19369**

Amount of Each Disbursement this Period

442.31

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

886.91

162917.76

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Transaction ID : MEC081814A

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only