

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

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

Example: If typing, type over the lines. 12FE4M5

SCOTT WALKER INC

ADDRESS (number and street)

PO BOX 620590

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

MIDDLETON WI 53562

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00580480

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

12-Day Pre-Election Report for the Election on ... 30-Day Post-Election Report for the General Election on ...

4. IS THIS REPORT AN AMENDMENT?

yes no [x]

5. COVERING PERIOD

07 01 2017 THROUGH 09 30 2017

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

Type or Print Name of Treasurer Lind, Kate, , ,

Signature of Treasurer Lind, Kate, , , [Electronically Filed] Date 10 15 2017

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

Table with 10 columns, first column labeled 'Office Use Only'

Write or Type Committee Name

**SCOTT WALKER INC**

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

**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="1403.40"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="2610.39"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="4013.79"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	<input type="text" value="3040.82"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="972.97"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="40635.48"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="0.00"/>

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="7933462.15"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="8805190.57"/>

**DETAILED SUMMARY PAGE**  
of Receipts

NAME OF COMMITTEE (in Full)

**SCOTT WALKER INC**

Report Covering the Period: From:

/  /

To:

/  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	0.00	5384438.54
(ii) unitemized .....	0.00	2954501.61
(iii) Total contributions .....	0.00	8338940.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	61000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	0.00	8399940.15
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	2610.39	71345.57
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	2610.39	71345.57
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	824423.36
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	2610.39	9295709.08

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

**SCOTT WALKER INC**

Report Covering the Period: From:

07 / 01 / 2017

To:

09 / 30 / 2017

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

23. OPERATING EXPENDITURES.....	3040.82	8876536.14
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	461478.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	0.00	466478.00
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	3040.82	9343014.14

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
---	------	--

FEC Form 3P (Rev. 05/2016)  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

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

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER **C** C00580480

SCOTT WALKER INC

ADDRESS (number and street) PO BOX 620590

MIDDLETON WI 53562

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

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

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

**A.** Full Name (Last, First, Middle Initial)  
**Brook Furniture Rental Inc.**

Mailing Address 24997 Network Place

City Chicago	State IL	Zip Code 60673
-----------------	-------------	-------------------

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2610.39

Transaction ID : SA20A.4226

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2017

Refund for overpayment

Amount of Each Receipt this Period  
2610.39

Memo Item

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

Mailing Address

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 2610.39

Total This Period (last page this line number only).....▶ 2610.39

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. ABC Keystone Chapter</b>			Date of Disbursement MM / DD / YYYY 08 / 07 / 2017		
Mailing Address 135 Shellyland Road			FEC Identification Number C		
City Manheim	State PA	Zip Code 17545	Transaction ID : <b>SB23.4230</b>		
Purpose of Disbursement Meeting Expense		Category/ Type 101	Amount of Each Disbursement this Period 831.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Aspect Consulting LLC</b>			Date of Disbursement MM / DD / YYYY 07 / 24 / 2017		
Mailing Address 8401 Excelsior Drive			FEC Identification Number C		
City Madison	State WI	Zip Code 53717	Transaction ID : <b>SB23.4229</b>		
Purpose of Disbursement Compliance Consulting		Category/ Type 101	Amount of Each Disbursement this Period 1000.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Aspect Consulting LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 18 / 2017		
Mailing Address 8401 Excelsior Drive			FEC Identification Number C		
City Madison	State WI	Zip Code 53717	Transaction ID : <b>SB23.4232</b>		
Purpose of Disbursement Compliance Consulting		Category/ Type 101	Amount of Each Disbursement this Period 630.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

**Subtotal Of Receipts This Page** (optional)..... 2461.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. BMO Harris Bank</b>			Date of Disbursement MM / DD / YYYY 07 / 11 / 2017		
Mailing Address 1 W Main Street			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.4233</b>		
Purpose of Disbursement Bank Fee		Category/ Type 101	Amount of Each Disbursement this Period 145.16		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. BMO Harris Bank</b>			Date of Disbursement MM / DD / YYYY 07 / 13 / 2017		
Mailing Address 1 W Main Street			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.4228</b>		
Purpose of Disbursement Bank Fee		Category/ Type 101	Amount of Each Disbursement this Period 145.66		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. BMO Harris Bank</b>			Date of Disbursement MM / DD / YYYY 08 / 11 / 2017		
Mailing Address 1 W Main Street			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.4235</b>		
Purpose of Disbursement Bank Fee		Category/ Type 101	Amount of Each Disbursement this Period 144.55		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... 435.37

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

Full Name (Last, First, Middle Initial) <b>A. BMO Harris Bank</b>			Date of Disbursement MM / DD / YYYY 09 / 13 / 2017		
Mailing Address 1 W Main Street			FEC Identification Number C		
City Madison	State WI	Zip Code 53703	Transaction ID : <b>SB23.4234</b>		
Purpose of Disbursement Bank Fee		Category/ Type 101	Amount of Each Disbursement this Period 144.45		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

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

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... 144.45

**Total This Period** (last page this line number only)..... 3040.82

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

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

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Drucker Lawhon LLP**

Nature of Debt (Purpose):  
 Fundraising Consulting

Mailing Address 317 15th Street NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

10000.00

Transaction ID : SD12.4185

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Ground Game Strategies**

Nature of Debt (Purpose):  
 Field Consulting

Mailing Address 300 Hickory Lane

City Mauldin	State SC	Zip Code 29662
-----------------	-------------	-------------------

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD12.4189

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Just Win Strategies**

Nature of Debt (Purpose):  
 Field Consulting

Mailing Address PO Box 2561

City Alexandria	State VA	Zip Code 22301
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

4955.42

Transaction ID : SD12.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4955.42

- |  |   |          |
|--|---|----------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | ▶ | 17455.42 |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | ▶ |          |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....                           | ▶ |          |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | ▶ |          |

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

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

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Maseng Communications**

Nature of Debt (Purpose):  
 Communications Consulting

Mailing Address 11309 Baroque Road

City Silver Spring	State MD	Zip Code 20901
-----------------------	-------------	-------------------

Outstanding Balance Beginning This Period

Transaction ID : SD12.4193

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Maverick Finance**

Nature of Debt (Purpose):  
 Fundraising Consulting

Mailing Address 403 N Second Street, 2nd Fl

City Harrisburg	State PA	Zip Code 17101
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

Transaction ID : SD12.4195

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Prospect Strategic Communications LLC**

Nature of Debt (Purpose):  
 Communications Consulting

Mailing Address PO Box 17079

City Arlington	State VA	Zip Code 22216
-------------------	-------------	-------------------

Outstanding Balance Beginning This Period

Transaction ID : SD12.4197

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- |  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="6698.98"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text"/>                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....                           | <input type="text"/>                 |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text"/>                 |

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

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

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Nature of Debt (Purpose):  
 Video Production Services

Mailing Address PO Box 25122

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

Transaction ID : SD12.4199

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Shirley & Banister Public Affairs**

Nature of Debt (Purpose):  
 Communications Consulting

Mailing Address 122 S Patrick Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

Transaction ID : SD12.4201

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Superior Strategies LLC**

Nature of Debt (Purpose):  
 Fundraising Consulting

Mailing Address 717 King Street #205

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

Transaction ID : SD12.4203

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- |  |                                       |
|--|---------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="12642.80"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text"/>                  |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....                           | <input type="text"/>                  |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text"/>                  |

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

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

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**SCOTT WALKER INC**

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

Nature of Debt (Purpose):  
 Fundraising Consulting

Mailing Address 38 Lakewood Drive

City  
 Denville

State  
 NJ

Zip Code  
 07834

Outstanding Balance Beginning This Period

Transaction ID : SD12.4205

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶ <input type="text" value="3838.28"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶ <input type="text" value="40635.48"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....	▶ <input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶ <input type="text" value="40635.48"/>