

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)

MIDDLETON WI 53562

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00580480 3. THIS REPORT IS FOR Primary or General

4. TYPE OF REPORT (Choose One) Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

Thirtieth day report following the General Election on

Twelfth day report preceding election on in the State of

Is this Report an Amendment? yes no

5. Covering Period 04 / 01 / 2016 through 04 / 30 / 2016

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

Type or Print Name of Treasurer KATE LIND

Signature of Treasurer KATE LIND [Electronically Filed] Date 05 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							
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Write or Type Committee Name

SCOTT WALKER INC

Report Covering the Period: From: 04 / 01 / 2016 To: 04 / 30 / 2016

SUMMARY

Table with 2 columns: Description and Amount. Rows include: 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD (25514.58), 7. TOTAL RECEIPTS THIS PERIOD (70930.34), 8. SUBTOTAL (96444.92), 9. TOTAL DISBURSEMENTS THIS PERIOD (79655.60), 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (16789.32), 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (0.00), 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (898676.31), 13. EXPENDITURES SUBJECT TO LIMITATION (0.00).

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

Table with 2 columns: Description and Amount. Rows include: 14. NET CONTRIBUTIONS (Other than Loans) (7686732.40), 15. NET OPERATING EXPENDITURES (7877049.51).

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
04 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	15285.00	5223001.54
(ii) unitemized	6061.00	2861588.86
(iii) Total contributions	21346.00	8084590.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	48100.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	21346.00	8132690.40
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	63615.83
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	63615.83
21. OTHER RECEIPTS (Dividends, Interest, etc.)	49584.34	207106.43
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	70930.34	8403412.66

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

M M / D D / Y Y Y Y
04 / 01 / 2016

To:

M M / D D / Y Y Y Y
04 / 30 / 2016

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

23. OPERATING EXPENDITURES.....	77255.60	7940665.34
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.....	2400.00	440958.00
(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))	2400.00	445958.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	79655.60	8386623.34

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
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)

Office Use Only

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

2. FEC IDENTIFICATION NUMBER

C C00580480

SCOTT WALKER INC

ADDRESS (number and street) PO BOX 620590

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

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

<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

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **5927 S CREEKSID CT**

City	State	Zip Code
REMINGTON	IN	47977

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 440.00

Transaction ID : SA17A.144004

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	25.00
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Memo Item

B. Full Name (Last, First, Middle Initial)
PAT S BARTLOW

Mailing Address **8886 DEERSKY RANCH TRAIL**

City	State	Zip Code
NAMPA	ID	83686

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 300.00

Transaction ID : SA17A.144013

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	200.00
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Memo Item

C. Full Name (Last, First, Middle Initial)
PAT S BARTLOW

Mailing Address **8886 DEERSKY RANCH TRAIL**

City	State	Zip Code
NAMPA	ID	83686

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 390.00

Transaction ID : SA17A.143922

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	90.00
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Memo Item

Subtotal Of Receipts This Page (optional).....▶ 315.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 305 7TH ST

City State Zip Code
WAUNAKEE WI 53597

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WISCONSIN DEPT OF HEALTH SERVICES PUBLIC HEALTH PREPAREDNESS MANANG

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.143833

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 30 CROWN LANE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee.

Name of Employer Occupation
POINT 72 ASSET MANAGEMENT CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.143961

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3687 CONRAD AVE.

City State Zip Code
SAN DIEGO CA 92117

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.144067

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2016

Amount of Each Receipt this Period

Memo Item

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

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

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **PO BOX 9790**

City	State	Zip Code
JACKSON	WY	83002

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

Name of Employer	Occupation
FRIESS ASSOCIATES	INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.144021

Date of Receipt

M M / D D / Y Y Y Y
04 / 12 / 2016

Amount of Each Receipt this Period

_____ 2700.00

Memo Item

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

Mailing Address **4044 LONE WOLF CIRCLE**

City	State	Zip Code
CROSSVILLE	TN	38572

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 635.00

Transaction ID : SA17A.143979

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2016

Amount of Each Receipt this Period

_____ 50.00

Memo Item

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

Mailing Address **1851 PARK SKYLINE RD**

City	State	Zip Code
SANTA ANA	CA	92705

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17A.143990

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2016

Amount of Each Receipt this Period

_____ 100.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **2850.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **1004 S SIERRA VISTA AVE**

City **ALHAMBRA** State **CA** Zip Code **91801**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1550.00**

Transaction ID : SA17A.144088

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2016

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address **PO BOX 897**

City **SHEBOYGAN** State **WI** Zip Code **53082**

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

Name of Employer **WINDWAY CAPITAL CORP** Occupation **PUBLIC AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3700.00**

Transaction ID : SA17A.144026

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2016

REFUNDED ON 5/12/2016

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **2707 SW 6TH STREET**

City **DELRAY BEACH** State **FL** Zip Code **33445**

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

Name of Employer **LYNN UNIVERSITY** Occupation **BOARD OF TRUSTEES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Transaction ID : SA17A.144011

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2016

Amount of Each Receipt this Period
50.00

Memo Item

Subtotal Of Receipts This Page (optional)..... **1150.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **2707 SW 6TH STREET**

City State Zip Code
DELRAY BEACH FL 33445

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

Name of Employer Occupation
LYNN UNIVERSITY BOARD OF TRUSTEES

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.144007

Date of Receipt
M M / D D / Y Y Y Y
04 11 2016

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address **2300 BROWNS LAKE DR**

City State Zip Code
BURLINGTON WI 53105

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

Name of Employer Occupation
LYNCH CHEVROLET OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3700.00

Transaction ID : SA17A.144035

Date of Receipt
M M / D D / Y Y Y Y
04 25 2016

EXCESS TO BE REATTRIBUTED

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **W5627 COUNTY ROAD Y**

City State Zip Code
PRINCETON WI 54968

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
845.00

Transaction ID : SA17A.143834

Date of Receipt
M M / D D / Y Y Y Y
04 13 2016

Amount of Each Receipt this Period
45.00

Memo Item

Subtotal Of Receipts This Page (optional)..... **1095.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 25 HAZOTTE CT

City	State	Zip Code
FOND DU LAC	WI	54935

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.00

Transaction ID : SA17A.143874

Date of Receipt
MM / DD / YYYY
04 / 10 / 2016

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address W289N3414 LOST CREEK CT.

City	State	Zip Code
PEWAUKEE	WI	53072

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

Name of Employer	Occupation
BADGER METER, INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.144105

Date of Receipt
MM / DD / YYYY
04 / 10 / 2016

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DIANNE B PADGETT

Mailing Address 10803 BURGOYNE ROAD

City	State	Zip Code
HOUSTON	TX	77042

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

Name of Employer	Occupation
PADGETT EXPLORATION	CONSULTING GEOPHYSICIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17A.144052

Date of Receipt
MM / DD / YYYY
04 / 11 / 2016

Amount of Each Receipt this Period
50.00

Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 1 WEST 81ST STREET

City State Zip Code
NEW YORK NY 10024

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ELLIOT MGMT PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.144034

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 4713 N. CUMBERLAND BLVD.

City State Zip Code
WHITEFISH BAY WI 53211

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PS CAPITAL PARTNERS PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.144044

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 24 LORDS HIGHWAY

City State Zip Code
WESTON CT 06880

FEC ID number of contributing federal political committee.

Name of Employer Occupation
POINT 72 ASSET MGMT MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.143959

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2016

Amount of Each Receipt this Period

Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Transaction ID : SA17A.144049

Mailing Address 955 NAWENCH DR.

Date of Receipt

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

City	State	Zip Code
ATLANTA	GA	30327

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

Amount of Each Receipt this Period

Amount
50.00

Name of Employer	Occupation
ALSTON & BIRD LLP	ATTORNEY

Memo Item

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID : SA17A.143978

Mailing Address 530 WINNEBAGO AVE

Date of Receipt

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

City	State	Zip Code
PORTAGE	WI	53901

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

Amount of Each Receipt this Period

Amount
100.00

Name of Employer	Occupation
CASCADE MOUNTAIN SKI AREA	SKI AREA OWNER

Memo Item

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

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

Transaction ID : SA17A.143851

Mailing Address 884 PEBBLEBROOK LN

Date of Receipt

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

City	State	Zip Code
EAST LANSING	MI	48823

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

Amount of Each Receipt this Period

Amount
50.00

Name of Employer	Occupation
LANSING OPHTHALMOLOGY	OPHTHALMOLOGIST

Memo Item

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
305.00

Subtotal Of Receipts This Page (optional).....▶ **200.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **316 N RIDGELAND AVE.**

City	State	Zip Code
ELMHURST	IL	60126

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **440.00**

Transaction ID : SA17A.144005

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2016

Amount of Each Receipt this Period

_____ 75.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

_____ 75.00

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

_____ 15285.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address POST OFFICE BOX 262

City DUBLIN State NH Zip Code 03444-0262

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
142885.29

Transaction ID : SA21.144038

Date of Receipt
MM / DD / YYYY
04 / 06 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
20125.00

Memo Item

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

Mailing Address POST OFFICE BOX 262

City DUBLIN State NH Zip Code 03444-0262

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
170337.54

Transaction ID : SA21.144036

Date of Receipt
MM / DD / YYYY
04 / 28 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
27452.25

Memo Item

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

Mailing Address POST OFFICE BOX 262

City DUBLIN State NH Zip Code 03444-0262

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
172344.63

Transaction ID : SA21.144037

Date of Receipt
MM / DD / YYYY
04 / 28 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
2007.09

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 49584.34

Total This Period (last page this line number only).....▶ 49584.34

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ACS SOUND & LIGHTING		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 110 LOTT COURT		Transaction ID : SB23.143783
City WEST COLUMBIA	State SC Zip Code 29169	
Purpose of Disbursement EVENT STAGING EXPENSE	Category/Type	Amount of Each Disbursement this Period 2500.00
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. ASHBY LAW PLLC		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 717 PRINCESS STREET		Transaction ID : SB23.143807
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	Amount of Each Disbursement this Period 1575.00
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) C. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		Transaction ID : SB23.143800
City MADISON	State WI Zip Code 53717	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	Amount of Each Disbursement this Period 5000.00
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:		

Subtotal Of Receipts This Page (optional)..... 9075.00

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		Transaction ID : SB23.143801
City MADISON State WI Zip Code 53717	Amount of Each Disbursement this Period 49.00	
Purpose of Disbursement COMPLIANCE CONSULTING	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:	Category/Type	

Full Name (Last, First, Middle Initial) B. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		Transaction ID : SB23.143802
City MADISON State WI Zip Code 53717	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement COMPLIANCE CONSULTING	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:	Category/Type	

Full Name (Last, First, Middle Initial) C. BGR GOVERNMENT AFFAIRS LLC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address PO BOX 14416		Transaction ID : SB23.143820
City WASHINGTON State DC Zip Code 20044	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement FACILITY RENTAL	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:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 5299.00

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BKZ CONSULTING INC.		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address PO BOX 577832		Transaction ID : SB23.143784
City CHICAGO	State IL	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 3000.00
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. BMO HARRIS BANK		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 1 W MAIN STREET		Transaction ID : SB23.143825
City MADISON	State WI	
Purpose of Disbursement BANK FEES	Category/ Type	Amount of Each Disbursement this Period 172.51
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) C. BURCHFIELD ENTERPRISES LLC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 633 W WILSON ST #419		Transaction ID : SB23.143822
City MADISON	State WI	
Purpose of Disbursement TECHNICAL SERVICES	Category/ Type	Amount of Each Disbursement this Period 1000.00
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:		

Subtotal Of Receipts This Page (optional)..... 4172.51

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COMMUNICATIONS CORPORATION OF AMERICA		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 13195 FREEDOM WAY		Transaction ID : SB23.143786
City BOSTON	State VA Zip Code 22713	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/Type 101	Amount of Each Disbursement this Period 2500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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. COMMUNICATIONS CORPORATION OF AMERICA		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address 13195 FREEDOM WAY		Transaction ID : SB23.143787
City BOSTON	State VA Zip Code 22713	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/Type 101	Amount of Each Disbursement this Period 8438.41
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 7300 HUDSON BLVD #270		Transaction ID : SB23.143788
City SAINT PAUL	State MN Zip Code 55128	
Purpose of Disbursement TELEMARKETING AND DATA	Category/Type 101	Amount of Each Disbursement this Period 10000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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)..... 20938.41

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)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. FLS CONNECT LLC

Mailing Address 7300 HUDSON BLVD #270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING AND DATA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 29 / 2016

Transaction ID : SB23.143789

Amount of Each Disbursement this Period
10000.00

Memo Item

Category/Type: 101

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

Mailing Address PO BOX 262

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 08 / 2016

Transaction ID : SB23.143823

Amount of Each Disbursement this Period
628.53

Memo Item

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

Mailing Address PO BOX 262

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 29 / 2016

Transaction ID : SB23.143824

Amount of Each Disbursement this Period
518.39

Memo Item

Subtotal Of Receipts This Page (optional)..... 11146.92

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. INFORELIANCE		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address LEGATO RD		Transaction ID : SB23.143790
City FAIRFAX	State VA	
Purpose of Disbursement TECHNICAL SERVICES	Category/ Type 101	Amount of Each Disbursement this Period 5000.00
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. ISTREAM FINANCIAL SERVICES		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address 13555 BISHOPS COURT		Transaction ID : SB23.143799
City BROOKFIELD	State WI	
Purpose of Disbursement BANK FEES	Category/ Type	Amount of Each Disbursement this Period 34.43
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) C. MASENG COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address 11309 BAROQUE ROAD		Transaction ID : SB23.143791
City SILVER SPRING	State MD	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 2702.43
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:		

Subtotal Of Receipts This Page (optional)..... 7736.86

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MASENG COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 11309 BAROQUE ROAD		Transaction ID : SB23.143792
City SILVER SPRING State MD Zip Code 20901	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PROSPECT STRATEGIC COMMUNICATIONS LLC		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address PO BOX 17079		Transaction ID : SB23.143794
City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS LLC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Transaction ID : SB23.143795
City BEVERLY State MA Zip Code 01915	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement COMPLIANCE SOFTWARE & DEVELOPMENT	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 7000.00

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC.		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address PO BOX 254		Transaction ID : SB23.143805
City DUBLIN	State NH	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/ Type	Amount of Each Disbursement this Period 900.00
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. SCM ASSOCIATES INC.		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address PO BOX 254		Transaction ID : SB23.143806
City DUBLIN	State NH	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/ Type	Amount of Each Disbursement this Period 3162.14
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) C. SHIRLEY & BANISTER PUBLIC AFFAIRS		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 122 S PATRICK STREET		Transaction ID : SB23.143798
City ALEXANDRIA	State VA	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 2500.00
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:		

Subtotal Of Receipts This Page (optional)..... 6562.14

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.143808
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 15.00
Candidate Name	Category/ Type	<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. STRIPE		Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.143809
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 15.00
Candidate Name	Category/ Type	<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) C. STRIPE		Date of Disbursement MM / DD / YYYY 04 / 20 / 2016
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.143810
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 763.71
Candidate Name	Category/ Type	<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:		

Subtotal Of Receipts This Page (optional)..... 793.71

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 04 / 22 / 2016
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.143811
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 30.00
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. THE CHAMPION GROUP		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address PO BOX 1651		Transaction ID : SB23.143818
City MADISON	State WI	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. THE CHAMPION GROUP		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address PO BOX 1651		Transaction ID : SB23.143812
City MADISON	State WI	
Purpose of Disbursement POSTAGE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 2501.05
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)..... 4531.05

Total This Period (last page this line number only)..... 77255.60

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. TAVERN LEAGUE OF WISCONSIN

Mailing Address 2817 FISH HATCHERY ROAD

City MADISON State WI Zip Code 53713

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 28 / 2016

Transaction ID : SB28A.144106

Amount of Each Disbursement this Period: 2300.00

Memo Item

Category/Type: 101

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

Subtotal Of Receipts This Page (optional)..... 2300.00

Total This Period (last page this line number only)..... 2300.00

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ACS SOUND & LIGHTING

Nature of Debt (Purpose):
EVENT STAGING EXPENSE

Mailing Address 110 LOTT COURT

City State Zip Code
WEST COLUMBIA SC 29169

Outstanding Balance Beginning This Period

Transaction ID : SD12.137408

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
ATLAS STRATEGY GROUP LLC

Nature of Debt (Purpose):
STRATEGY CONSULTING

Mailing Address 16 LOREN WOODS

City State Zip Code
ST LOUIS MO 63124

Outstanding Balance Beginning This Period

Transaction ID : SD12.137412

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
BKZ CONSULTING INC.

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address PO BOX 577832

City State Zip Code
CHICAGO IL 60657

Outstanding Balance Beginning This Period

Transaction ID : SD12.137414

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

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

Mailing Address 13195 FREEDOM WAY

City State Zip Code
 BOSTON VA 22713

Outstanding Balance Beginning This Period

38360.36

Transaction ID : SD12.137416

Amount Incurred This Period

0.00

Payment This Period

10938.41

Outstanding Balance at Close of This Period

27421.95

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

Nature of Debt (Purpose):
 ONLINE ADVERTISING

Mailing Address 544 E OGDEN AVE

#700-161

City State Zip Code
 MILWAUKEE WI 53202

Outstanding Balance Beginning This Period

10000.00

Transaction ID : SD12.4105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

C. 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 State Zip Code
 WASHINGTON DC 20002

Outstanding Balance Beginning This Period

30000.00

Transaction ID : SD12.137419

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30000.00

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 DIGITAL CONSULTING

Mailing Address PO BOX 78266

City State Zip Code
 SAN FRANCISCO CA 94107

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD12.137420

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

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

Nature of Debt (Purpose):
 TELEMARKETING AND DATA

Mailing Address 7300 HUDSON BLVD #270

City State Zip Code
 SAINT PAUL MN 55128

Outstanding Balance Beginning This Period

280000.00

Transaction ID : SD12.137421

Amount Incurred This Period

0.00

Payment This Period

20000.00

Outstanding Balance at Close of This Period

260000.00

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

Nature of Debt (Purpose):
 ONLINE ADVERTISING

Mailing Address 1600 AMPHITHEATRE PARKWAY

City State Zip Code
 MOUNTAIN VIEW CA 94043

Outstanding Balance Beginning This Period

16519.91

Transaction ID : SD12.137422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16519.91

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 FIELD CONSULTING

Mailing Address 300 HICKORY LANE

City State Zip Code
 MAULDIN SC 29662

Outstanding Balance Beginning This Period

Transaction ID : SD12.137424

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
HARBINGER LLC

Nature of Debt (Purpose):
 EVENT CONSULTING

Mailing Address 1919 M STREET NW #200

City State Zip Code
 WASHINGTON DC 20036

Outstanding Balance Beginning This Period

Transaction ID : SD12.137425

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
INFORELIANCE

Nature of Debt (Purpose):
 TECHNICAL SERVICES

Mailing Address LEGATO RD

City State Zip Code
 FAIRFAX VA 22033

Outstanding Balance Beginning This Period

Transaction ID : SD12.141566

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
LEGAL CONSULTING

Mailing Address **PO BOX 7805, BEN FRANKLIN STATION**

City State Zip Code
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

Transaction ID : SD12.137430

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
JUST WIN STRATEGIES

Nature of Debt (Purpose):
FIELD CONSULTING

Mailing Address **PO BOX 2561**

City State Zip Code
ALEXANDRIA VA 22301

Outstanding Balance Beginning This Period

Transaction ID : SD12.137431

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
MASENG COMMUNICATIONS

Nature of Debt (Purpose):
COMMUNICATIONS CONSULTING

Mailing Address **11309 BAROQUE ROAD**

City State Zip Code
SILVER SPRING MD 20901

Outstanding Balance Beginning This Period

Transaction ID : SD12.4125

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **403 N SECOND STREET, 2ND FL**

City State Zip Code
HARRISBURG PA 17101

Outstanding Balance Beginning This Period

Transaction ID : SD12.137442

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
MMA EVENTS LLC

Nature of Debt (Purpose):
EVENT STAGING EXPENSE

Mailing Address **1851 SOUTH CLUB DRIVE**

City State Zip Code
HYATTSVILLE MD 20785

Outstanding Balance Beginning This Period

Transaction ID : SD12.4115

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
NEW RIVER RESEARCH INSTITUTE LLC

Nature of Debt (Purpose):
DATA MANAGEMENT SERVICES

Mailing Address **2150 COUNTRY CLUB ROAD #221**

City State Zip Code
WINSTON-SALEM NC 27104

Outstanding Balance Beginning This Period

Transaction ID : SD12.137445

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 WEB DEVELOPMENT

Mailing Address 3 CIRCLE DRIVE

City State Zip Code
 CARMEL IN 46032

Outstanding Balance Beginning This Period

Transaction ID : SD12.137448

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

Mailing Address 810 KING STREET #209

City State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137450

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 State Zip Code
 ARLINGTON VA 22216

Outstanding Balance Beginning This Period

Transaction ID : SD12.137451

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

Form/Schedule: SD12

Transaction ID : SD12.137450

Line 12 'Amount Incurred This Period' value for Preferred Communications reflects an administrative correction of - \$8,438.41 to the outstanding invoice from previously reported balance.

Form/Schedule:

Transaction ID:

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 COMPLIANCE SOFTWARE & DEVELOPMENT

Mailing Address 138 CONANT STREET
 2ND FLOOR

City State Zip Code
 BEVERLY MA 01915

Outstanding Balance Beginning This Period

12000.00

Transaction ID : SD12.137452

Amount Incurred This Period

2000.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

12000.00

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

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

Mailing Address PO BOX 254

City State Zip Code
 DUBLIN NH 03444

Outstanding Balance Beginning This Period

27092.27

Transaction ID : SD12.137454

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27092.27

C. 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 State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

39045.57

Transaction ID : SD12.137456

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39045.57

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address 122 S PATRICK STREET

City State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137457

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
SNOW PHOTOGRAPHY

Nature of Debt (Purpose):
 PHOTOGRAPHY SERVICES

Mailing Address PO BOX 34763

City State Zip Code
 WASHINGTON DC 20043

Outstanding Balance Beginning This Period

Transaction ID : SD12.137458

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 State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137459

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

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

Mailing Address 2800 SHIRLINGTON ROAD
 9TH FLOOR

City State Zip Code
 ARLINGTON VA 22206

Outstanding Balance Beginning This Period

59140.57

Transaction ID : SD12.137460

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59140.57

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

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 38 LAKEWOOD DRIVE

City State Zip Code
 DENVILLE NJ 07834

Outstanding Balance Beginning This Period

11338.28

Transaction ID : SD12.137465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11338.28

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	70478.85
2) TOTALS This Period (last page this line number only)	898676.31
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....	898676.31