

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mike Jones

Signature of Treasurer *Mike Jones* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Republican Party of Wisconsin

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | | 433731.94 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 248630.07 | |
| (c) Total Receipts (from Line 19) | 149433.27 | 1854357.44 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 398063.34 | 2288089.38 |
| 7. Total Disbursements (from Line 31)..... | 165139.21 | 2055165.25 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 232924.13 | 232924.13 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Republican Party of Wisconsin

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 01 / 2015 To: M M / D D / Y Y Y Y Y 11 / 30 / 2015

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 57358.00 | 370364.00 |
| (ii) Unitemized | 38598.01 | 888574.26 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 95956.01 | 1258938.26 |
| (b) Political Party Committees | 0.00 | 46450.00 |
| (c) Other Political Committees (such as PACs)..... | 6250.00 | 217472.26 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 102206.01 | 1522860.52 |
| 12. Transfers From Affiliated/Other Party Committees..... | 29550.00 | 98750.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.02 | 40107.44 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 17677.24 | 192639.48 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 17677.24 | 192639.48 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 149433.27 | 1854357.44 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 131756.03 | 1661717.96 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 9943.45 | 94765.97 |
| (ii) Non-Federal Share..... | 17677.24 | 168472.72 |
| (b) Other Federal Operating Expenditures | 39041.21 | 1094448.87 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 66661.90 | 1357687.56 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 4480.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 5000.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 9480.00 |
| 29. Other Disbursements | 0.00 | 10098.12 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 98477.31 | 677899.57 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 98477.31 | 677899.57 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 165139.21 | 2055165.25 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 147461.97 | 1886692.53 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 102206.01 | 1522860.52 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 9480.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 102206.01 | 1513380.52 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 48984.66 | 1189214.84 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.02 | 40107.44 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 48984.64 | 1149107.40 |

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

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

FOR LINE NUMBER: PAGE 6 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. MRS. GERALDINE CHRISTOPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 OLDE ALLOUEZ COURT
 City GREEN BAY State WI Zip Code 54301-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11.989056
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. CLIFFORD CONRADT
 Full Name (Last, First, Middle Initial)
 Mailing Address N5057 PULS ROAD
 City SHIOCTON State WI Zip Code 54170-9058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11.988918
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. MR. ROBERT M. PLEVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3281 E. THOMPSON AVE
 City SAINT FRANCIS State WI Zip Code 53235-4921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLIED INDUSTRIES, INC Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11.988939
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. CARLA M. TRENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 CHESTNUT HILL COURT
 APT 16
 City THOUSAND OAKS State CA Zip Code 91360-3893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11.988927
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. GUSTAV WIRTH JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address N48 W6100 SPRING STREET
 City CEDARBURG State WI Zip Code 53012-2437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELTA SATELLITE COMPANY Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2015
Transaction ID : SA11.989094
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. CHARLES BURMEISTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3451 ROBERTS STREET
 City FRANKSVILLE State WI Zip Code 53126-9560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATI Occupation TECHNICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2015
Transaction ID : SA11.989109
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 3451 ROBERTS STREET

City FRANKSVILLE State WI Zip Code 53126-9560

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

Name of Employer ATI Occupation TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11.989110

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

B. MR. RALPH L. KOHRS
Full Name (Last, First, Middle Initial)

Mailing Address 3360 BERMUDA BOULEVARD

City BROOKFIELD State WI Zip Code 53045-2661

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11.989111

Amount of Each Receipt this Period
 150.00

Memo Item
CONTRIBUTION

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

Mailing Address 540 SILLERWOOD LN

City NEENAH State WI Zip Code 54956-1940

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

Name of Employer NOT EMPLOY Occupation DISABLED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11.990087

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 530 WINNEBAGO AVE

City PORTAGE State WI Zip Code 53901-1232

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

Name of Employer CASCADE MOUNTAIN Occupation SKI AREA OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11.990080

Amount of Each Receipt this Period
105.00

Memo Item
CONTRIBUTION

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

Mailing Address 530 WINNEBAGO AVE

City PORTAGE State WI Zip Code 53901-1232

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

Name of Employer CASCADE MOUNTAIN Occupation SKI AREA OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11.990091

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address S67W26030 BENSON AVE

City WAUKESHA State WI Zip Code 53189-

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

Name of Employer MUSKEGO HIGH SCHOOL Occupation TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015

Transaction ID : SA11.990082

Amount of Each Receipt this Period
305.00

Memo Item
CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 910.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 10 OF 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. GORDON L. SHEVELAND

Mailing Address **455 4TH AVENUE**

| | | |
|---------------------------|--------------------|-------------------------------|
| City REDGRANITE | State WI | Zip Code 54970-9707 |
|---------------------------|--------------------|-------------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 05 | / | 2015 |

Transaction ID : SA11.989145

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

 Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. D W. TORGERSON

Mailing Address **1312 WISCONSIN STREET APT 229**

| | | |
|-----------------------|--------------------|-------------------------------|
| City HUDSON | State WI | Zip Code 54016-1850 |
|-----------------------|--------------------|-------------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 05 | / | 2015 |

Transaction ID : SA11.989125

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

 Memo Item
CONTRIBUTION

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

Mailing Address **1535 FOX RIDGE CT**

| | | |
|-----------------------|--------------------|-------------------------------|
| City DEPERE | State WI | Zip Code 54115-1907 |
|-----------------------|--------------------|-------------------------------|

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

| | |
|--|--------------------------------|
| Name of Employer SASIB PACKAGING | Occupation PLANT MGR |
|--|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **11000.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 06 | / | 2015 |

Transaction ID : SA11.989778

Amount of Each Receipt this Period

| |
|---------|
| 6000.00 |
|---------|

 Memo Item
CONTRIBUTION

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6125.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. JOHN FLECKENSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address W260 N2914 STEEPLECHASE ROAD
 City PEWAUKEE State WI Zip Code 53072-4576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SYSTEM ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.989223
 Amount of Each Receipt this Period 315.00
 Memo Item
 CONTRIBUTION

B. SCOTT HAAG
 Full Name (Last, First, Middle Initial)
 Mailing Address 4033 WEST CUSTOR AVENUE
 City MILWAUKEE State WI Zip Code 53209-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOORE OIL COMPANY, INC Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.989240
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. GREG T. REIMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5850 N KENT AVE
 City WHITEFISH BAY State WI Zip Code 53217-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILWAUKEE COUNTY DEPARTMENT ON AG Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2015
Transaction ID : SA11.989789
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1815.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. DONALD S. BUCHHOLZ
Full Name (Last, First, Middle Initial)

Mailing Address 1443 HIGHVIEW ROAD

City ELLISON BAY State WI Zip Code 54210-9721

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 10 / 2015
Transaction ID : SA11.989302

Amount of Each Receipt this Period 35.00

Memo Item CONTRIBUTION

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

Mailing Address N3844 GOODLAND ROAD

City RUBICON State WI Zip Code 53078-9505

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

Name of Employer GUTSCHENRITTER WELDING Occupation SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2015
Transaction ID : SA11.989281

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

C. MRS. CHERYL HARTUNG
Full Name (Last, First, Middle Initial)

Mailing Address 2148 HILLENBRAND DRIVE

City CROSS PLAINS State WI Zip Code 53528-

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

Name of Employer 21ST CENTURY ESCHOOL Occupation LEARNING COACH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2015
Transaction ID : SA11.989296

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. LOIS OGLE

Mailing Address **W11104 COUNTY ROAD M**

| | | |
|------------------------|--------------------|-------------------------------|
| City MEDFORD | State WI | Zip Code 54451-8982 |
|------------------------|--------------------|-------------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt
11 / 10 / 2015

Transaction ID : SA11.989321

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. WILLIAM C. CURRY JR.

Mailing Address **2113 MONROE STREET**

| | | |
|-----------------------------|--------------------|-------------------------------|
| City NEW HOLSTEIN | State WI | Zip Code 53061-1103 |
|-----------------------------|--------------------|-------------------------------|

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

| | |
|--|----------------------------|
| Name of Employer C.J. MEISELWITZ FURNITURE | Occupation OWNER |
|--|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
11 / 11 / 2015

Transaction ID : SA11.989326

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. LOUIS MAIER III

Mailing Address **9862 N. RANGE LINE ROAD**

| | | |
|-----------------------|--------------------|-------------------------------|
| City MEQUON | State WI | Zip Code 53092-5606 |
|-----------------------|--------------------|-------------------------------|

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

| | |
|---------------------------------|---------------------------|
| Name of Employer SELF | Occupation SELF |
|---------------------------------|---------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt
11 / 11 / 2015

Transaction ID : SA11.989325

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 11050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. SHELLEY PSYHOGIOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6228 BRAEBURN CIRCLE
 City EDINA State MN Zip Code 55439-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GERITOM MEDICAL Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.989328
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. MS. DIANE M. HENDRICKS
 Full Name (Last, First, Middle Initial)
 Mailing Address ONE ABC PARKWAY
 City BELOIT State WI Zip Code 53511-4466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABC SUPPLY COMPANY, INC. Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 12 / 2015
Transaction ID : SA11.989329
 Amount of Each Receipt this Period 10000.00
 Memo Item
 CONTRIBUTION

C. ROBERT CONGDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 695 N BROOKFIELD ROAD APT 218
 APT 218
 City BROOKFIELD State WI Zip Code 53045-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 13 / 2015
Transaction ID : SA11.989444
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

| | | |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 11030.00 |
| TOTAL This Period (last page this line number only)..... | ▶ | |

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

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

FOR LINE NUMBER: PAGE 15 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. KAREN E. COWAN

Mailing Address **877 S 16TH CT**
B 4

City **STURGEON BAY** State **WI** Zip Code **54235-1500**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11.989385

Amount of Each Receipt this Period
110.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. BERNARD DAHLIN

Mailing Address **2670 GOOD SHEPHERD LANE**

City **GREEN BAY** State **WI** Zip Code **54313-4700**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11.989360

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. RUTH A. DEBROUX

Mailing Address **1940 WOODSIDE LN**

City **RICHFIELD** State **WI** Zip Code **53076-9793**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11.989332

Amount of Each Receipt this Period
80.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **2690.00**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. SUZANNE FIELD

Mailing Address 1550 WISCONSIN DELLS PARKWAY

City State Zip Code
WISCONSIN DELLS WI 53965-8446

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

Name of Employer Occupation
DELLS DUCK TOURS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11.989440

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. THOMAS J. HANLEY

Mailing Address N2752 SUMMERVILLE PARK ROAD

City State Zip Code
LODI WI 53555-9642

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11.989403

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 2182 COUNTY ROAD MM

City State Zip Code
OREGON WI 53575-2122

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

Name of Employer Occupation
BUCKY'S PORTABLE TOILETS MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11.989445

Amount of Each Receipt this Period
175.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **525.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. JACKIE LEEDLE

Mailing Address **N474 ARMSBY ROAD**

| | | |
|----------------------------|--------------------|-------------------------------|
| City LAKE GENEVA | State WI | Zip Code 53147-4219 |
|----------------------------|--------------------|-------------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11.989341

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JANET E. RADUE

Mailing Address **1102 FROST ROAD**

| | | |
|------------------------------|--------------------|-------------------------------|
| City HOWARDS GROVE | State WI | Zip Code 53083-1371 |
|------------------------------|--------------------|-------------------------------|

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

| | |
|---|------------------------------|
| Name of Employer BITTER NEUMANN APPLIANCE TV FURNITUR | Occupation MANAGER |
|---|------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11.989394

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. COL JOHN F. ROGAN

Mailing Address **6640 BOULDER LANE**

| | | |
|--------------------------|--------------------|-------------------------------|
| City MIDDLETON | State WI | Zip Code 53562-2807 |
|--------------------------|--------------------|-------------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
11 / 13 / 2015

Transaction ID : SA11.989418

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 240.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 18 OF 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 3100 S LAUREL DRIVE

City State Zip Code
NEW BERLIN WI 53151-4220

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11.989346

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. STUART E. SCHLOUGH

Mailing Address 1655 CONNORS ROAD

City State Zip Code
MARSHALL WI 53559-9729

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11.989357

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. WALTER R. SCHWARTZ

Mailing Address 8220 HARWOOD AVENUE # 338

City State Zip Code
WAUWATOSA WI 53213-2580

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11.989345

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. DANIEL ULIK

Mailing Address **9969 S 60TH STREET**

City **FRANKLIN** State **WI** Zip Code **53132-8824**

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

Name of Employer **STU'S FLOORING** Occupation **MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11.989439

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **W3445 CRESTWOOD DRIVE**

City **WHITEWATER** State **WI** Zip Code **53190-3007**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11.989402

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ZEVI AH A. ZUBE

Mailing Address **119 CEDAR RIDGE DRIVE APT S 301**
APT S 301

City **WEST BEND** State **WI** Zip Code **53095-3667**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11.989355

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **575.00**

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

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

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

FOR LINE NUMBER: PAGE 20 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. JANET ALFONSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6402 SHARPSBURG DRIVE
 City MADISON State WI Zip Code 53718-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.989600
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. DAVID DARWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 S FRANKLIN ST
 City WHITEWATER State WI Zip Code 53190-2202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.989745
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. DENNIS DEMASTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 EMILY LN
 City BEAVER DAM State WI Zip Code 53916-1990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.989748
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 861 HAWTHORNE CIRCLE

City LOMBARD State IL Zip Code 60148-3636

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.989797

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

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

Mailing Address 351 W WILSON ST UNIT 5

City MADISON State WI Zip Code 53703-3394

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.989530

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

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

Mailing Address 51 PINE ST.

City RYE State NH Zip Code 03870-2641

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11.989529

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address P.O. BOX 829

City RANCHO SANTA FE State CA Zip Code 92067-0829

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

Name of Employer PECK ENTERPRISES Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
11 / 17 / 2015
Transaction ID : SA11.989779

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

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

Mailing Address 16851 HARLEM AVENUE APT 236

City TINLEY PARK State IL Zip Code 60477-2736

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
11 / 17 / 2015
Transaction ID : SA11.989560

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. CARL H. SCHMUCK
Full Name (Last, First, Middle Initial)

Mailing Address 4417 OAKWOOD HILLS PARKWAY

City EAU CLAIRE State WI Zip Code 54701-7794

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 17 / 2015
Transaction ID : SA11.989584

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10050.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 5458 OLD HIGHWAY 18

City State Zip Code
STEVENS POINT WI 54482-8502

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

Name of Employer Occupation
SELF-EMPLOYED LANDSCAPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 17 / 2015
Transaction ID : SA11.989643

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 10737 N ESSEX COURT

City State Zip Code
MEQUON WI 53092-8531

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 17 / 2015
Transaction ID : SA11.989597

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address P.O. BOX 550

City State Zip Code
BRYN ATHYN PA 19009-0550

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 18 / 2015
Transaction ID : SA11.990200

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 24 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. CARLA M. TRENT

Mailing Address 324 CHESTNUT HILL COURT
APT 16

City THOUSAND OAKS State CA Zip Code 91360-3893

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015

Transaction ID : SA11.990199

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. VIRGINIA R. EASTON

Mailing Address 5200 IRVINE BOULEVARD, SPACE 194

City IRVINE State CA Zip Code 92620-2042

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : SA11.990220

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MARTIN E. JOHANSON

Mailing Address 739 EAST AVENUE

City PARK RIDGE State IL Zip Code 60068-2726

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : SA11.990215

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. JOHN NORDSTROM
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 377
 City EGG HARBOR State WI Zip Code 54209-0377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 19 / 2015
Transaction ID : SA11.990271
 Amount of Each Receipt this Period 175.00
 Memo Item
 CONTRIBUTION

B. MS. KAY AUGUSTINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7934 W KATHRYN AVENUE
 City MILWAUKEE State WI Zip Code 53218-3726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PIANO TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 20 / 2015
Transaction ID : SA11.990304
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

C. THOMAS HAYS III
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 WYNMERE ROAD
 City WYNNEWOOD State PA Zip Code 19096-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAYS CORPORATION Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2015
Transaction ID : SA11.990311
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

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

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. HERBERT ALAN LEVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 724 E GRINNELL DRIVE
 City State Zip Code
 BURBANK CA 91501-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DOJ OF CA LAWYER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 995.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11.991176
 Amount of Each Receipt this Period
 95.00
 Memo Item
 CONTRIBUTION

B. JEANINE M. PARENT
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 MAPLEWOOD COURT APT 14
 City State Zip Code
 ARCADIA WI 54612-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED SENIORS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11.990288
 Amount of Each Receipt this Period
 35.00
 Memo Item
 CONTRIBUTION

C. DEAN F. WOLF
 Full Name (Last, First, Middle Initial)
 Mailing Address 3108 CAMINO DE LA SIERRA NE
 City State Zip Code
 ALBUQUERQUE NM 87111-5604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LZ TECHNOLOGY ENGINEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015
Transaction ID : SA11.991175
 Amount of Each Receipt this Period
 110.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 240.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. DONALD SARTELL
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 266

City JANESVILLE State WI Zip Code 53547-0266

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

Name of Employer SARTELL INTERNATIONAL PUBLICAITONS Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
11 / 23 / 2015
Transaction ID : SA11.990707

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. RUTH O. STOVER
Full Name (Last, First, Middle Initial)

Mailing Address 3223 WOOD DALE RD

City CHESTER State VA Zip Code 23831-2048

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
11 / 23 / 2015
Transaction ID : SA11.990692

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

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

Mailing Address 815A HILLTOP AVENUE EXTENTION

City ABINGDON State MD Zip Code 21009-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
11 / 24 / 2015
Transaction ID : SA11.991181

Amount of Each Receipt this Period
75.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 107 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. JAMES DORMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 MONTEREY BLVD
 City State Zip Code
 BROOKFIELD WI 53005-3741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMALGA COMPOSTIES INC OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11.991153
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. MIRIAM B. HUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 - 4TH FARIWAY DRIVE
 City State Zip Code
 ROSWELL GA 30076-3565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11.990387
 Amount of Each Receipt this Period
 260.00
 Memo Item
 CONTRIBUTION

C. RONALD G. LAMPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 PANTHER TRAIL
 City State Zip Code
 MONONA WI 53716-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11.990424
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 960.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 107 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. DOUGLAS MCKISSACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 BITTERROOT LN
 City SAVANNAH State GA Zip Code 31419-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GULFSTREAM AEROSPACE Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.990402
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. PATRICIA MOLLINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 N BAY AVENUE
 City MASSAPEQUA State NY Zip Code 11758-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.990354
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. EMILY NISSLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 OENOKE LANE
 City NEW CANAAN State CT Zip Code 06840-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.990413
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1120.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 30 OF 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. ROBERT PETERSON
Full Name (Last, First, Middle Initial)
Mailing Address 4173 S SONATA CIR
City MILWAUKEE State WI Zip Code 53221-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 265.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.991204
Amount of Each Receipt this Period 55.00
 Memo Item
CONTRIBUTION

B. JOHN PRITZLAFF
Full Name (Last, First, Middle Initial)
Mailing Address 412 E OAK HILLS DRIVE
City CASTLE ROCK State CO Zip Code 80108-9241
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation INVESTMENTS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.991188
Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. JAMES A. REMINGTON
Full Name (Last, First, Middle Initial)
Mailing Address 2300 CEDARFIELD PKWY. APT. 263
City HENRICO State VA Zip Code 23233-1942
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.990395
Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 405.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 31 OF 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)
A. DAVID K. SCHMITZ

Mailing Address **W7246 SUNSET LANE**

City **SPOONER** State **WI** Zip Code **54801-8418**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
11 / 24 / 2015

Transaction ID : SA11.990378

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **P.O. BOX 467**

City **SISTER BAY** State **WI** Zip Code **54234-0467**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
11 / 24 / 2015

Transaction ID : SA11.990371

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address **117 SUMMER LN**

City **SPARTA** State **WI** Zip Code **54656-1053**

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

Name of Employer **US ARMY** Occupation **CIVIL SERVICE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
11 / 24 / 2015

Transaction ID : SA11.990438

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 32 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. MRS. MAE E. VANGSNESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7300 W DEAN ROAD
 City State Zip Code
 MILWAUKEE WI 53223-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11.990441
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

B. WALTER H. CLAIBORNE III
 Full Name (Last, First, Middle Initial)
 Mailing Address 14217 CLAIBORNE ROAD
 City State Zip Code
 BATCHELOR LA 70715-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1645.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.990660
 Amount of Each Receipt this Period
 220.00
 Memo Item
CONTRIBUTION

C. KATHERINE ASPENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 MASON STREET NW APT 316
 City State Zip Code
 ONALASKA WI 54650-7044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11.990514
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 33 OF 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. MR. STEVEN R. BARTH
Full Name (Last, First, Middle Initial)
Mailing Address 777 EAST WISCONSIN AVEUNE 3700

| | | |
|-------------------|-------------|------------------------|
| City MILWAUKEE | State WI | Zip Code 53202-5300 |
|-------------------|-------------|------------------------|

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

| | |
|-------------------------------------|------------------------|
| Name of Employer FOLEY & LARDNER | Occupation ATTORNEY |
|-------------------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11.991050

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. DUANE H. BLUEMKE
Full Name (Last, First, Middle Initial)
Mailing Address 245 SEA GULL AVENUE

| | | |
|--------------------|-------------|------------------------|
| City VERO BEACH | State FL | Zip Code 32960-4258 |
|--------------------|-------------|------------------------|

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

| | |
|---|-------------------------|
| Name of Employer U. S. COUNSELING SERVICES | Occupation PRESIDENT |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11.990520

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. MS. ANN H. BOWMAN
Full Name (Last, First, Middle Initial)
Mailing Address 89425 BARK POINT ROAD

| | | |
|------------------|-------------|------------------------|
| City HERBSTER | State WI | Zip Code 54844-4450 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11.990518

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3550.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 34 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. CAROLE COOMBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 744 ELM GROVE ROAD
 City ELM GROVE State WI Zip Code 53122-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.990538
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. WILLIAM W. GREAVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8851 N BAYSIDE DR
 City BAYSIDE State WI Zip Code 53217-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABPIN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.990526
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. GLENN F. JONAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 GRANVILLE ROAD
 City CEDARBURG State WI Zip Code 53012-9739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer R.F. TECHNOLOGIES INC. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.991049
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address **513 WASHINGTON STREET**

City **ATHENS** State **WI** Zip Code **54411-9757**

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

Name of Employer **SCHOOL DISTRICT OF ATHENS** Occupation **MUSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.00**

Date of Receipt
11 / 30 / 2015

Transaction ID : SA11.990536

Amount of Each Receipt this Period
68.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 68.00 |
| TOTAL This Period (last page this line number only).....▶ | 57358.00 |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 36 OF 107 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. RIBBLE FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 7200

| | | |
|---|-------------------------------------|------------------------|
| City APPLETON | State WI | Zip Code 54912-7069 |
| FEC ID number of contributing federal political committee. C | C00463620 | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

Date of Receipt
11 / 03 / 2015
Transaction ID : SA11.989104

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. ARDA ROC PAC
Full Name (Last, First, Middle Initial)
Mailing Address 1202 15TH ST NW STE 400

| | | |
|---|-------------------------------------|--------------------|
| City WASHINGTON | State DC | Zip Code 20005- |
| FEC ID number of contributing federal political committee. C | C90014036 | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |

Date of Receipt
11 / 13 / 2015
Transaction ID : SA11.991048

Amount of Each Receipt this Period
1250.00

Memo Item
CONTRIBUTION

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

Date of Receipt

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6250.00 |
| TOTAL This Period (last page this line number only)..... | 6250.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 37 OF 107 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

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

Mailing Address 310 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1885

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
139700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2015

Transaction ID : SA11.991047

Amount of Each Receipt this Period
29550.00

Memo Item
TRANSFER

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 29550.00 |
| TOTAL This Period (last page this line number only).....▶ | 29550.00 |

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

| | | | |
|---|------------------------------|---|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 38 OF 107 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. ACCOUNTANTS WORLD PAYROLL LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 FELL COURT
 City HAUPPAUGE State NY Zip Code 11788-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 241.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11.991291
 Amount of Each Receipt this Period
 0.02
 Memo Item
REFUND

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

Date of Receipt
 M M / D D / Y Y 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) ▼
 Aggregate Year-to-Date ▼

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

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.02 |
| TOTAL This Period (last page this line number only).....▶ | 0.02 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BMO HARRIS BANK

Mailing Address P.O. BOX 3052

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 02 | | 2015 |

Transaction ID : **SB21B.I22710**

Amount of Each Disbursement this Period

| |
|---------|
| 6703.78 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. ADOBE SYSTEMS

Mailing Address 801 N 34TH STREET

City SEATTLE State WA Zip Code 98103

Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2015 |

Transaction ID : **SB21B.I22844**

Amount of Each Disbursement this Period

| |
|-------|
| 52.74 |
|-------|

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address
1593 SPRING HILL ROAD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 21 | | 2015 |

Transaction ID : **SB21B.I22845**

Amount of Each Disbursement this Period

| |
|--------|
| 902.50 |
|--------|

Memo Item

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

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

| |
|---------|
| 6703.78 |
|---------|

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DOMAIN/HOSTING SERVICES

Mailing Address 14455 N HAYDEN ROAD
SUITE 219

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
DOMAIN HOSTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : SB21B.I22847

Amount of Each Disbursement this Period

79.99

Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SB21B.I22840

Amount of Each Disbursement this Period

750.11

Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SB21B.I22846

Amount of Each Disbursement this Period

750.02

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I22850

Amount of Each Disbursement this Period

508.28

Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEBSITE MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.I22841

Amount of Each Disbursement this Period

25.16

Memo Item

Full Name (Last, First, Middle Initial)

C. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEBSITE MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB21B.I22842

Amount of Each Disbursement this Period

6.99

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEBSITE MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.I22852

Amount of Each Disbursement this Period

8.99

Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
WEBSITE MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : SB21B.I22858

Amount of Each Disbursement this Period

25.16

Memo Item

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.I22848

Amount of Each Disbursement this Period

158.84

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SB21B.I22849

Amount of Each Disbursement this Period

26.38

Memo Item

Full Name (Last, First, Middle Initial)

B. RALLYCONGRESS.COM

Mailing Address 2200 WILSON BLVD. #102-299

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
DOMAIN HOSTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : SB21B.I22843

Amount of Each Disbursement this Period

249.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RALLYCONGRESS.COM

Mailing Address 2200 WILSON BLVD. #102-299

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
DOMAIN HOSTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SB21B.I22851

Amount of Each Disbursement this Period

249.00

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SAFESoft SOLUTIONS

Mailing Address 20950 WARNER CENTER LANE

City WOODLAND State CA Zip Code 91367

Purpose of Disbursement
PREDICTIVE DIALER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I22853**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VERTICAL RESPONSE

Mailing Address 50 BEALE STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
WEBSITE MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I22856**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BMO HARRIS BANK

Mailing Address P.O. BOX 3052

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I22711**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SB21B.I22717

Amount of Each Disbursement this Period

1.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SB21B.I22718

Amount of Each Disbursement this Period

10.80

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 04 / 2015

Transaction ID : SB21B.I22719

Amount of Each Disbursement this Period

55.20

Memo Item

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

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

67.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I22707**

Amount of Each Disbursement this Period

244.16

Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : **SB21B.I22720**

Amount of Each Disbursement this Period

13.80

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : **SB21B.I22721**

Amount of Each Disbursement this Period

241.00

Memo Item

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

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

498.96

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I22712

Amount of Each Disbursement this Period

7.95

Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2015

Transaction ID : SB21B.I22722

Amount of Each Disbursement this Period

21.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BANCARD/FIS MERCHANT SERVICES

Mailing Address 11000 W LAKE PARK DRIVE

City MILWAUKEE State WI Zip Code 53224

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I22714

Amount of Each Disbursement this Period

846.21

Memo Item

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

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

875.16

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FED EX

Mailing Address P.O. BOX 94515

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SB21B.I22744

Amount of Each Disbursement this Period

152.34

Memo Item

Full Name (Last, First, Middle Initial)

B. MAJORITY STRATEGIES

Mailing Address 12854 KENAN DRIVE

City JACKSONVILLE State FL Zip Code 32258

Purpose of Disbursement
DIGITAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SB21B.I22739

Amount of Each Disbursement this Period

2275.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SB21B.I22723

Amount of Each Disbursement this Period

3.20

Memo Item

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

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

2430.54

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 1 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I22724

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 6 | . | 8 | 0 |
|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 981540

City State Zip Code
EL PASO TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 1 | 2 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I22713

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 1 | 3 | . | 6 | 6 |
|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 1 | 2 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB21B.I22725

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 4 | . | 0 | 0 |
|---|---|---|---|

Memo Item

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

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

| | | | | |
|---|---|---|---|---|
| 2 | 4 | . | 4 | 6 |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 2 | 4 | . | 4 | 6 |
|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I22708

Amount of Each Disbursement this Period

184.89

Memo Item

Full Name (Last, First, Middle Initial)

B. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I22709

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB21B.I22726

Amount of Each Disbursement this Period

6.00

Memo Item

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

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

202.89

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THE TARRANCE GROUP, INC.

Mailing Address 201 NORTH UNION STREET

City ALEXANDRIA State VA Zip Code 22314-2649

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.I22741**

Amount of Each Disbursement this Period

18049.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN LIBERTY GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING - NOT FEA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2015

Transaction ID : **SB21B.I22740**

Amount of Each Disbursement this Period

5320.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICA RISING, LLC

Mailing Address 1555 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
RESEARCH SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SB21B.I22743**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

26369.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I22727

Amount of Each Disbursement this Period

421.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VILLAGE GRAPHICS PRINTING, LLC

Mailing Address 108 W CAPITOL DRIVE

City State Zip Code
HARTLAND WI 53029

Purpose of Disbursement
PRINTING - NOT FEA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : SB21B.I22742

Amount of Each Disbursement this Period

10.51

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : SB21B.I22728

Amount of Each Disbursement this Period

7.40

Memo Item

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

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

438.91

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : **SB21B.I22729**

Amount of Each Disbursement this Period

23.20

Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : **SB21B.I22730**

Amount of Each Disbursement this Period

29.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : **SB21B.I22731**

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

552.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SB21B.I22732

Amount of Each Disbursement this Period

22.20

Memo Item

Full Name (Last, First, Middle Initial)

B. FED EX

Mailing Address P.O. BOX 94515

City State Zip Code
PALATINE IL 60094

Purpose of Disbursement
SHIPPING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SB21B.I22745

Amount of Each Disbursement this Period

156.29

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 25 / 2015

Transaction ID : SB21B.I22733

Amount of Each Disbursement this Period

2.00

Memo Item

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

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

180.49

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I22734

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I22735

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I22736

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 25 / 2015

Transaction ID : SB21B.I22737

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB21B.I22738

Amount of Each Disbursement this Period

12.60

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

312.60

38931.31

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 1 | 5 | | |

Mailing Address BOX 6164

Transaction ID : SB30B.I22756

City INDIANAPOLIS State IN Zip Code 46206-6164

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 6 | 4 | . | 3 | 4 |
|---|---|---|---|---|---|

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

B. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 1 | 5 | | |

Mailing Address BOX 6164

Transaction ID : SB30B.I22757

City INDIANAPOLIS State IN Zip Code 46206-6164

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 3 | 0 | . | 5 | 5 |
|---|---|---|---|---|---|

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

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

Full Name (Last, First, Middle Initial)

C. DELTA DENTAL

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 1 | 5 | | |

Mailing Address P.O. BOX 828

Transaction ID : SB30B.I22763

City STEVENS POINT State WI Zip Code 54481

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 1 | 3 | . | 4 | 6 |
|---|---|---|---|---|---|

Purpose of Disbursement
DENTAL INSURANCE

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| 8 | 0 | 8 | . | 3 | 5 |
|---|---|---|---|---|---|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ASSURANT EMPLOYEE BENEFITS

Mailing Address P.O. BOX 807009

City KANSAS CITY State MO Zip Code 64184

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2015

Transaction ID : SB30B.I22761

Amount of Each Disbursement this Period

334.20

Memo Item

Full Name (Last, First, Middle Initial)

B. FORREST BARNWELL-HAYEMEYER

Mailing Address 1105 W OUTER DRIVE

City OAK RIDGE State TN Zip Code 37830

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22768

Amount of Each Disbursement this Period

1167.13

Memo Item

Full Name (Last, First, Middle Initial)

C. FORREST BARNWELL-HAYEMEYER

Mailing Address 1105 W OUTER DRIVE

City OAK RIDGE State TN Zip Code 37830

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22769

Amount of Each Disbursement this Period

206.99

Memo Item

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

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

1708.32

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22859

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID BREDEMUS

Mailing Address 827 N 11TH STREET

City State Zip Code
MILWAUKEE WI 53233

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22772

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. STEVEN CRAVEN

Mailing Address 401 N WASHINGTON STREET

City State Zip Code
GREEN BAY WI 54301

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22774

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code
WHITEFISH BAY WI 53217

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22777

Amount of Each Disbursement this Period

263.65

Memo Item

Full Name (Last, First, Middle Initial)

B. DANA DAHMS

Mailing Address 924 TENNY AVENUE

City State Zip Code
WAUKESHA WI 53186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22779

Amount of Each Disbursement this Period

211.94

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD DICKIE

Mailing Address 126 N. BLAIR ST. #1

City State Zip Code
MADISON WI 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22781

Amount of Each Disbursement this Period

1205.36

Memo Item

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

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

2680.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CATHERINE DILLON

Mailing Address 3612 CALVEND LANE

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22784

Amount of Each Disbursement this Period

194.87

Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL DUFFEY

Mailing Address 726 WINDSOR COURT

City WAUWATOSA State WI Zip Code 53226

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22786

Amount of Each Disbursement this Period

3161.25

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL DUFFEY

Mailing Address 726 WINDSOR COURT

City WAUWATOSA State WI Zip Code 53226

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22787

Amount of Each Disbursement this Period

6404.77

Memo Item

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

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

9760.89

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 13 | | | 2015 | | | |

Transaction ID : SB30B.I22791

Amount of Each Disbursement this Period

| |
|--------|
| 766.47 |
|--------|

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK GARRETT

Mailing Address 11507 BROOKSHIRE DR.

City ORLAND PARK State IL Zip Code 60467

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 13 | | | 2015 | | | |

Transaction ID : SB30B.I22793

Amount of Each Disbursement this Period

| |
|---------|
| 1635.15 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK GARRETT

Mailing Address 11507 BROOKSHIRE DR.

City ORLAND PARK State IL Zip Code 60467

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 13 | | | 2015 | | | |

Transaction ID : SB30B.I22794

Amount of Each Disbursement this Period

| |
|---------|
| 1073.28 |
|---------|

Memo Item

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

| |
|---------|
| 3474.90 |
|---------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22861

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UHAUL

Mailing Address 1925 E MAIN STREET

City State Zip Code
WAUKESHA WI 53186

Purpose of Disbursement
MOVING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22864

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK GEHL

Mailing Address 1179 COLUMBUS CIRCLE

City State Zip Code
JANESVILLE WI 53545

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22797

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PATRICK GEHL

Mailing Address 1179 COLUMBUS CIRCLE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB30B.I22798

Amount of Each Disbursement this Period

82.89

Memo Item

Full Name (Last, First, Middle Initial)

B. MARTHA GRAVLEE

Mailing Address 2907 BIG TIMBER CIRCLE

City SUAMICO State WI Zip Code 54313

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB30B.I22800

Amount of Each Disbursement this Period

1535.24

Memo Item

Full Name (Last, First, Middle Initial)

C. BENJAMIN HEATH

Mailing Address 514 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB30B.I22802

Amount of Each Disbursement this Period

1263.66

Memo Item

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

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

2881.79

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DONNA HEIMBACH

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22804

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CARLTON HUFFMAN

Mailing Address 2279 W PERSHING STREET

City APPLETON State WI Zip Code 54914

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22806

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CARLTON HUFFMAN

Mailing Address 2279 W PERSHING STREET

City APPLETON State WI Zip Code 54914

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22807

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I22867**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK KAPLA

Mailing Address 5126 FOUZER FARM ROAD

City State Zip Code
EAU CLAIRE WI 54701

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I22810**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA LEONE

Mailing Address 801 W JOHNSON STREET

City State Zip Code
MADISON WI 53706

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.I22812**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LARRY LOOMIS

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22814

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SCOTT POOLE

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22816

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22818

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HANNAH RIPKEY

Mailing Address 1021 TARRANT DRIVE

City FONTANA State WI Zip Code 53125

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22820

Amount of Each Disbursement this Period

180.05

Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES SAPP

Mailing Address 134 FALLING WATERS LANE

City MAYLENE State AL Zip Code 35114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22824

Amount of Each Disbursement this Period

1608.51

Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM SEXAUER

Mailing Address 9023 COTSWALD WAY

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22827

Amount of Each Disbursement this Period

1141.20

Memo Item

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

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

2929.76

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CARL STOLTE

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22830

Amount of Each Disbursement this Period

161.48

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSHUA WILSON

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22832

Amount of Each Disbursement this Period

404.95

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City STEVENS POINT State WI Zip Code 54482

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22834

Amount of Each Disbursement this Period

1143.03

Memo Item

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

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

1709.46

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City STEVENS POINT State WI Zip Code 54482

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22835

Amount of Each Disbursement this Period

199.50

Memo Item

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22868

Amount of Each Disbursement this Period

175.50

Memo Item

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22746

Amount of Each Disbursement this Period

56.14

Memo Item

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

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

255.64

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB30B.I22747

Amount of Each Disbursement this Period

10.83

Memo Item

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB30B.I22748

Amount of Each Disbursement this Period

59.94

Memo Item

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : SB30B.I22749

Amount of Each Disbursement this Period

79.00

Memo Item

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

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

149.77

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City State Zip Code
HAUPPAUGE NY 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22753

Amount of Each Disbursement this Period

13692.04

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN FUNDS SERVICE COMPANY

Mailing Address BOX 6164

City State Zip Code
INDIANAPOLIS IN 46206-6164

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22758

Amount of Each Disbursement this Period

175.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EMPLOYEE BENEFITS CORPORATION

Mailing Address P.O. BOX 44347

City State Zip Code
MADISON WI 53744-4347

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SB30B.I22765

Amount of Each Disbursement this Period

359.58

Memo Item

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

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

14226.62

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. EMPLOYEE BENEFITS CORPORATION

Mailing Address P.O. BOX 44347

City MADISON State WI Zip Code 53744-4347

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : SB30B.I22766

Amount of Each Disbursement this Period

760.74

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN FUNDS SERVICE COMPANY

Mailing Address BOX 6164

City INDIANAPOLIS State IN Zip Code 46206-6164

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB30B.I22759

Amount of Each Disbursement this Period

175.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN FUNDS SERVICE COMPANY

Mailing Address BOX 6164

City INDIANAPOLIS State IN Zip Code 46206-6164

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SB30B.I22760

Amount of Each Disbursement this Period

1079.97

Memo Item

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

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

2015.71

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ASSURANT EMPLOYEE BENEFITS

Mailing Address P.O. BOX 807009

City KANSAS CITY State MO Zip Code 64184

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SB30B.I22762

Amount of Each Disbursement this Period

210.27

Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA DENTAL

Mailing Address P.O. BOX 828

City STEVENS POINT State WI Zip Code 54481

Purpose of Disbursement
DENTAL INSURANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SB30B.I22764

Amount of Each Disbursement this Period

313.46

Memo Item

Full Name (Last, First, Middle Initial)

C. FORREST BARNWELL-HAYEMEYER

Mailing Address 1105 W OUTER DRIVE

City OAK RIDGE State TN Zip Code 37830

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22770

Amount of Each Disbursement this Period

1167.15

Memo Item

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

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

1690.88

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FORREST BARNWELL-HAYEMEYER

Mailing Address 1105 W OUTER DRIVE

City OAK RIDGE State TN Zip Code 37830

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22771

Amount of Each Disbursement this Period

240.23

Memo Item

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22872

Amount of Each Disbursement this Period

205.23

Memo Item

Full Name (Last, First, Middle Initial)

C. DAVID BREDEMUS

Mailing Address 827 N 11TH STREET

City MILWAUKEE State WI Zip Code 53233

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22773

Amount of Each Disbursement this Period

1117.14

Memo Item

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

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

1357.37

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STEVEN CRAVEN

Mailing Address 401 N WASHINGTON STREET

City GREEN BAY State WI Zip Code 54301

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22775

Amount of Each Disbursement this Period

886.09

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVEN CRAVEN

Mailing Address 401 N WASHINGTON STREET

City GREEN BAY State WI Zip Code 54301

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22776

Amount of Each Disbursement this Period

247.67

Memo Item

Full Name (Last, First, Middle Initial)

C. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City WHITEFISH BAY State WI Zip Code 53217

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22778

Amount of Each Disbursement this Period

1263.65

Memo Item

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

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

2397.41

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DANA DAHMS

Mailing Address 924 TENNY AVENUE

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22780

Amount of Each Disbursement this Period

199.48

Memo Item

Full Name (Last, First, Middle Initial)

B. RICHARD DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22782

Amount of Each Disbursement this Period

1210.24

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22783

Amount of Each Disbursement this Period

55.00

Memo Item

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

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

1464.72

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GLASS NICKEL PIZZA

Mailing Address 2916 ATWOOD AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SB30B.I22874

Amount of Each Disbursement this Period

55.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CATHERINE DILLON

Mailing Address 3612 CALVEND LANE

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22875

Amount of Each Disbursement this Period

366.42

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL DUFFEY

Mailing Address 726 WINDSOR COURT

City WAUWATOSA State WI Zip Code 53226

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22788

Amount of Each Disbursement this Period

3161.25

Memo Item

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

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

3527.67

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MICHAEL DUFFEY

Mailing Address 726 WINDSOR COURT

City WAUWATOSA State WI Zip Code 53226

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22789

Amount of Each Disbursement this Period

191.29

Memo Item

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22870

Amount of Each Disbursement this Period

126.90

Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address P.O. BOX 25505
P.O. BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement
PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SB30B.I22871

Amount of Each Disbursement this Period

64.39

Memo Item

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

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

191.29

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MICHAEL DUFFEY

Mailing Address 726 WINDSOR COURT

City State Zip Code
WAUWATOSA WI 53226

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22790

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City State Zip Code
MADISON WI 53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22792

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK GARRETT

Mailing Address 11507 BROOKSHIRE DR.

City State Zip Code
ORLAND PARK IL 60467

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22795

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PATRICK GARRETT

Mailing Address 11507 BROOKSHIRE DR.

City ORLAND PARK State IL Zip Code 60467

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22796

Amount of Each Disbursement this Period

131.40

Memo Item

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22875

Amount of Each Disbursement this Period

131.40

Memo Item

Full Name (Last, First, Middle Initial)

C. PATRICK GEHL

Mailing Address 1179 COLUMBUS CIRCLE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22799

Amount of Each Disbursement this Period

944.69

Memo Item

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

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

1076.09

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARTHA GRAVLEE

Mailing Address 2907 BIG TIMBER CIRCLE

City SUAMICO State WI Zip Code 54313

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22801

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BENJAMIN HEATH

Mailing Address 514 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22803

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DONNA HEIMBACH

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22805

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CARLTON HUFFMAN

Mailing Address 2279 W PERSHING STREET

City APPLETON State WI Zip Code 54914

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22808

Amount of Each Disbursement this Period

1116.22

Memo Item

Full Name (Last, First, Middle Initial)

B. CARLTON HUFFMAN

Mailing Address 2279 W PERSHING STREET

City APPLETON State WI Zip Code 54914

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22809

Amount of Each Disbursement this Period

146.70

Memo Item

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22876

Amount of Each Disbursement this Period

146.70

Memo Item

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

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

1262.92

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PATRICK KAPLA

Mailing Address 5126 FOUSSER FARM ROAD

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22811

Amount of Each Disbursement this Period

187.45

Memo Item

Full Name (Last, First, Middle Initial)

B. ANNA LEONE

Mailing Address 801 W JOHNSON STREET

City MADISON State WI Zip Code 53706

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22813

Amount of Each Disbursement this Period

182.82

Memo Item

Full Name (Last, First, Middle Initial)

C. LARRY LOOMIS

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22815

Amount of Each Disbursement this Period

543.65

Memo Item

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

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

913.92

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SCOTT POOLE

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22817

Amount of Each Disbursement this Period

458.43

Memo Item

Full Name (Last, First, Middle Initial)

B. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22819

Amount of Each Disbursement this Period

1236.70

Memo Item

Full Name (Last, First, Middle Initial)

C. HANNAH RIPKEY

Mailing Address 1021 TARRANT DRIVE

City FONTANA State WI Zip Code 53125

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22821

Amount of Each Disbursement this Period

315.29

Memo Item

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

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

2010.42

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. EMELIA ROHL

Mailing Address W1794 COUNTY ROAD MM

City PRESCOTT State WI Zip Code 54021

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22822

Amount of Each Disbursement this Period

267.70

Memo Item

Full Name (Last, First, Middle Initial)

B. EMELIA ROHL

Mailing Address W1794 COUNTY ROAD MM

City PRESCOTT State WI Zip Code 54021

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22823

Amount of Each Disbursement this Period

133.60

Memo Item

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB30B.I22877

Amount of Each Disbursement this Period

93.60

Memo Item

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

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

401.30

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JAMES SAPP

Mailing Address 134 FALLING WATERS LANE

City MAYLENE State AL Zip Code 35114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : **SB30B.I22825**

Amount of Each Disbursement this Period

1868.57

Memo Item

Full Name (Last, First, Middle Initial)

B. JAMES SAPP

Mailing Address 134 FALLING WATERS LANE

City MAYLENE State AL Zip Code 35114

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : **SB30B.I22826**

Amount of Each Disbursement this Period

114.30

Memo Item

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : **SB30B.I22880**

Amount of Each Disbursement this Period

114.30

Memo Item

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

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

1982.87

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WILLIAM SEXAUER

Mailing Address 9023 COTSWALD WAY

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22828

Amount of Each Disbursement this Period

1141.22

Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM SEXAUER

Mailing Address 9023 COTSWALD WAY

City NEW PORT RICHEY State FL Zip Code 34655

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22829

Amount of Each Disbursement this Period

586.80

Memo Item

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22881

Amount of Each Disbursement this Period

544.44

Memo Item

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

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

1728.02

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CARL STOLTE

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22831

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSHUA WILSON

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22833

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City STEVENS POINT State WI Zip Code 54482

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.I22836

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22750

Amount of Each Disbursement this Period

70.57

Memo Item

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22751

Amount of Each Disbursement this Period

10.83

Memo Item

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22752

Amount of Each Disbursement this Period

79.00

Memo Item

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

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

160.40

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22754

Amount of Each Disbursement this Period

14024.35

Memo Item

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SB30B.I22755

Amount of Each Disbursement this Period

82.88

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

14107.23

98304.68

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Transaction ID : MCW121815

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

| | | |
|--|---|-------------------------------------|
| NAME OF ACCOUNT REPUBLICAN PARTY OF WISCONSIN - STATE ACCOUNT | DATE OF RECEIPT MM / DD / YYYY 11 / 02 / 2015 | TOTAL AMOUNT TRANSFERRED 1384.49 |
|--|---|-------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| i) Total Administrative | 1384.49 |
| Transaction ID : MCW121815B | |
| ii) Generic Voter Drive | |
| iii) Exempt Activities | |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Fundraising | |
| v) Direct Candidate Support (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Candidate Support..... | |
| vi) Public Communications Referring Only to Party (Made by PAC) | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|---|----------------------------------|--------------------------|
| REPUBLICAN PARTY OF WISCONSIN - STATE ACCOUNT | MM / DD / YYYY 11 / 10 / 2015 | 8512.50 |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| i) Total Administrative | 8512.50 |
| Transaction ID : MCW121815C | |
| ii) Generic Voter Drive | |
| iii) Exempt Activities | |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Fundraising | |
| v) Direct Candidate Support (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Candidate Support..... | |
| vi) Public Communications Referring Only to Party (Made by PAC) | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|---|----------------------------------|--------------------------|
| REPUBLICAN PARTY OF WISCONSIN - STATE ACCOUNT | MM / DD / YYYY 11 / 17 / 2015 | 6204.04 |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| i) Total Administrative | 6204.04 |
| Transaction ID : MCW121815D | |
| ii) Generic Voter Drive | |
| iii) Exempt Activities | |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Fundraising | |
| v) Direct Candidate Support (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Candidate Support..... | |
| vi) Public Communications Referring Only to Party (Made by PAC) | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

| | | |
|--|---|-------------------------------------|
| NAME OF ACCOUNT REPUBLICAN PARTY OF WISCONSIN - STATE ACCOUNT | DATE OF RECEIPT MM / DD / YYYY 11 / 25 / 2015 | TOTAL AMOUNT TRANSFERRED 1576.21 |
|--|---|-------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|---------|
| i) Total Administrative | 1576.21 |
| Transaction ID : MCW121815E | |
| ii) Generic Voter Drive | |
| iii) Exempt Activities | |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Fundraising | |
| v) Direct Candidate Support (List Activity or Event Identifier) | |
| a) _____ | |
| b) _____ | |
| c) Total Amount Transferred For Direct Candidate Support..... | |
| vi) Public Communications Referring Only to Party (Made by PAC) | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|----------|
| TOTAL This Period (Administrative) | 17677.24 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred)..... | 17677.24 |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : 121815A
BMO HARRIS BANK
Mailing Address PO BOX 3052
City MILWAUKEE State WI Zip Code 53201
Purpose of Disbursement: CREDIT CARD PAYMENT
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Voter Drive [] Direct Candidate Support []
Public Comm (ref to party only) by PAC []
Allocated Activity or Event Year-To-Date 235961.17
Date 11 / 02 / 2015
FEDERAL SHARE 123.54 + NONFEDERAL SHARE 219.63 = TOTAL AMOUNT 343.17

B. Full Name (Last, First, Middle Initial) Transaction ID : 121815B
CITY TREASURER - WATER/SEWER
Mailing Address PO BOX 2997
City MADISON State WI Zip Code 53701
Purpose of Disbursement: UTILITIES
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Voter Drive [] Direct Candidate Support []
Public Comm (ref to party only) by PAC []
Allocated Activity or Event Year-To-Date 236054.21
Date 11 / 02 / 2015
FEDERAL SHARE 33.49 + NONFEDERAL SHARE 59.55 = TOTAL AMOUNT 93.04

C. Full Name (Last, First, Middle Initial) Transaction ID : 121815C
COCA COLA ENTERPRISES
Mailing Address 2335 PAYSHERE CIRCLE
City CHICAGO State IL Zip Code 60674
Purpose of Disbursement: OFFICE SODA
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Voter Drive [] Direct Candidate Support []
Public Comm (ref to party only) by PAC []
Allocated Activity or Event Year-To-Date 236075.31
Date 11 / 02 / 2015
FEDERAL SHARE 7.60 + NONFEDERAL SHARE 13.50 = TOTAL AMOUNT 21.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
FEDERAL SHARE 164.63 + NONFEDERAL SHARE 292.68 = TOTAL AMOUNT 457.31

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))
FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : 121815D
MG&E
Mailing Address PO BOX 1231
City MADISON State WI Zip Code 53701
Purpose of Disbursement: UTILITIES
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Date 11 / 02 / 2015
FEDERAL SHARE 340.03 + NONFEDERAL SHARE 604.49 = TOTAL AMOUNT 944.52

B. Full Name (Last, First, Middle Initial) Transaction ID : 121815E
PERSONNEL CONCEPTS
Mailing Address PO BOX 5750
City CAROL STREAM State IL Zip Code 60197
Purpose of Disbursement: HUMAN RESOURCE COMPLIANCE
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Date 11 / 02 / 2015
FEDERAL SHARE 94.12 + NONFEDERAL SHARE 167.32 = TOTAL AMOUNT 261.44

C. Full Name (Last, First, Middle Initial) Transaction ID : 121815F
PRO ONE JANITORIAL INC
Mailing Address 1101 ASHWAUBENON STREET
City GREEN BAY State WI Zip Code 54304
Purpose of Disbursement: JANITORIAL SERVICES
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Date 11 / 02 / 2015
FEDERAL SHARE 180.00 + NONFEDERAL SHARE 320.00 = TOTAL AMOUNT 500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 614.15, 1091.81, 1705.96

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

| | | | | | |
|--|-------------|-------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) Transaction ID : 121815G <input type="checkbox"/> Memo Item BK-DSI LLC | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 405 DORAL COURT | | | Allocated Activity or Event Year-To-Date 24259.77 | | |
| City WAUNAKEE | State WI | Zip Code 53597 | Date: 11 / 10 / 2015 | | |
| Purpose of Disbursement: DATA SERVICES | | Category/ Type | Allocated Activity or Event Year-To-Date 1732.50 + 3080.00 = 4812.50 | | |
| Activity or Event Identifier: | | | FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | |

| | | | | | |
|--|-------------|-------------------|--|--|--|
| B. Full Name (Last, First, Middle Initial) Transaction ID : 121815H <input type="checkbox"/> Memo Item DAN MORSE CONSULTING LLC | | | Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 5205 BARTON ROAD | | | Allocated Activity or Event Year-To-Date 249593.77 | | |
| City MADISON | State WI | Zip Code 53711 | Date: 11 / 10 / 2015 | | |
| Purpose of Disbursement: FUNDRAISING CONSULTING - NOT FEA | | Category/ Type | Allocated Activity or Event Year-To-Date 2520.00 + 4480.00 = 7000.00 | | |
| Activity or Event Identifier: | | | FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | |

| | | | | | |
|--|-------------|-------------------|--|--|--|
| C. Full Name (Last, First, Middle Initial) Transaction ID : 121815I <input type="checkbox"/> Memo Item KONICA MINOLTA PREMIER FINANCE | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO BOX 740423 | | | Allocated Activity or Event Year-To-Date 251027.05 | | |
| City ATLANTA | State GA | Zip Code 30374 | Date: 11 / 10 / 2015 | | |
| Purpose of Disbursement: COPIER LEASE | | Category/ Type | Allocated Activity or Event Year-To-Date 515.98 + 917.30 = 1433.28 | | |
| Activity or Event Identifier: | | | FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4768.48 | | 8477.30 | | 13245.78 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [] | [] | [] |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : 121815J
ORIGIN EXTERMINATING
Mailing Address PO BOX 6218
City MADISON State WI Zip Code 53716
Purpose of Disbursement: BUILDING MAINTENANCE
Allocated Activity or Event: Administrative [checked] Fundraising [] Exempt []
Date 11 / 10 / 2015
FEDERAL SHARE 19.80 + NONFEDERAL SHARE 35.20 = TOTAL AMOUNT 55.00

B. Full Name (Last, First, Middle Initial) Transaction ID : 121815K
ADVANCED DISPOSAL MADISON
Mailing Address PO BOX 74008053
City CHICAGO State IL Zip Code 60674
Purpose of Disbursement: WASTE REMOVAL
Allocated Activity or Event: Administrative [checked] Fundraising [] Exempt []
Date 11 / 17 / 2015
FEDERAL SHARE 81.68 + NONFEDERAL SHARE 145.20 = TOTAL AMOUNT 226.88

C. Full Name (Last, First, Middle Initial) Transaction ID : 121815L
ASPECT CONSULTING
Mailing Address 8401 EXCELSIOR DRIVE, STE 103
City MADISON State WI Zip Code 53717
Purpose of Disbursement: COMPLIANCE CONSULTING
Allocated Activity or Event: Administrative [checked] Fundraising [] Exempt []
Date 11 / 17 / 2015
FEDERAL SHARE 2160.00 + NONFEDERAL SHARE 3840.00 = TOTAL AMOUNT 6000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2261.48, 4020.40, 6281.88

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [blank], [blank], [blank]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : 121815M Memo Item

BADGERLAND CHEMICAL & SUPPLY

Mailing Address PO BOX 620303

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement: CLEANING SUPPLIES

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date: 257425.88

Date: 11 / 17 / 2015

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 42.10 | | 74.85 | | 116.95 |

B. Full Name (Last, First, Middle Initial) Transaction ID : 121815N Memo Item

CENTURY SPRINGS BOTTLING CO

Mailing Address PO BOX 856858

City MINNEAPOLIS State MN Zip Code 55485

Purpose of Disbursement: OFFICE WATER

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date: 257486.88

Date: 11 / 17 / 2015

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.96 | | 39.04 | | 61.00 |

C. Full Name (Last, First, Middle Initial) Transaction ID : 121815O Memo Item

CHARTER

Mailing Address PO BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement: CABLE

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date: 257724.06

Date: 11 / 17 / 2015

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 85.38 | | 151.80 | | 237.18 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 149.44 | | 265.69 | | 415.13 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : 121815P
IMPACT ACQUISITIONS LLC
Mailing Address 75 REMITTANCE DRIVE
City CHICAGO State IL Zip Code 60675
Purpose of Disbursement: OFFICE SUPPLIES
Activity or Event Identifier:
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Voter Drive [] Direct Candidate Support []
Public Comm (ref to party only) by PAC []
Allocated Activity or Event Year-To-Date 257892.86
Date 11 / 17 / 2015
FEDERAL SHARE 60.77 + NONFEDERAL SHARE 108.03 = TOTAL AMOUNT 168.80

B. Full Name (Last, First, Middle Initial) Transaction ID : 121815Q
LEXISNEXIS
Mailing Address PO BOX 2314
City CAROL STREAM State IL Zip Code 60132
Purpose of Disbursement: SUBSCRIPTION
Activity or Event Identifier:
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Voter Drive [] Direct Candidate Support []
Public Comm (ref to party only) by PAC []
Allocated Activity or Event Year-To-Date 258271.86
Date 11 / 17 / 2015
FEDERAL SHARE 136.44 + NONFEDERAL SHARE 242.56 = TOTAL AMOUNT 379.00

C. Full Name (Last, First, Middle Initial) Transaction ID : 121815R
LIND WEININGER LLC
Mailing Address 8020 EXCELSIOR DRIVE #402
City MADISON State WI Zip Code 53717
Purpose of Disbursement: LEGAL SERVICES
Activity or Event Identifier:
Allocated Activity or Event: Administrative [X] Fundraising [] Exempt []
Voter Drive [] Direct Candidate Support []
Public Comm (ref to party only) by PAC []
Allocated Activity or Event Year-To-Date 259271.86
Date 11 / 17 / 2015
FEDERAL SHARE 360.00 + NONFEDERAL SHARE 640.00 = TOTAL AMOUNT 1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 557.21, 990.59, 1547.80

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

| | | | | | | |
|---|---------------------------------------|---|--|--|---|--------------|
| A. Full Name (Last, First, Middle Initial) Transaction ID : 121815S <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| WEST BEND MUTUAL Mailing Address 1900 S 18TH AVENUE | | | Allocated Activity or Event Year-To-Date 260775.86 | | | |
| City WEST BEND State WI Zip Code 53095 | Purpose of Disbursement: INSURANCE | | Date <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2015"/> | | | |
| Activity or Event Identifier: | | | Category/Type | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 541.44 | | | 962.56 | | | 1504.00 |

| | | | | | | |
|---|---------------------------------------|---|--|--|---|--------------|
| B. Full Name (Last, First, Middle Initial) Transaction ID : 121815U <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| CITY TREASURER - WATER/SEWER Mailing Address PO BOX 2997 | | | Allocated Activity or Event Year-To-Date 260874.18 | | | |
| City MADISON State WI Zip Code 53701 | Purpose of Disbursement: UTILITIES | | Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/> | | | |
| Activity or Event Identifier: | | | Category/Type | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 35.40 | | | 62.92 | | | 98.32 |

| | | | | | | |
|---|---------------------------------------|---|--|--|---|--------------|
| C. Full Name (Last, First, Middle Initial) Transaction ID : 121815V <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| MG&E Mailing Address PO BOX 1231 | | | Allocated Activity or Event Year-To-Date 261759.02 | | | |
| City MADISON State WI Zip Code 53701 | Purpose of Disbursement: UTILITIES | | Date <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2015"/> | | | |
| Activity or Event Identifier: | | | Category/Type | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 318.54 | | | 566.30 | | | 884.84 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 895.38 | | 1591.78 | | 2487.16 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

| | | | | | | |
|---|-------------|-------------------|--|--|---|--------------|
| A. Full Name (Last, First, Middle Initial) Transaction ID : 121815W <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| TDS METROCOM Mailing Address PO BOX 94510 | | | Allocated Activity or Event Year-To-Date 262099.53 | | | |
| City PALATINE | State IL | Zip Code 60094 | Date: MM / DD / YYYY 11 / 25 / 2015 | | | |
| Purpose of Disbursement: OFFICE PHONES | | Category/ Type | Allocated Activity or Event Year-To-Date 262099.53 | | | |
| Activity or Event Identifier: | | | Date: MM / DD / YYYY 11 / 25 / 2015 | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 122.58 | | | 217.93 | | | 340.51 |

| | | | | | | |
|---|-------------|-------------------|--|--|---|--------------|
| B. Full Name (Last, First, Middle Initial) Transaction ID : 121815X <input type="checkbox"/> Memo Item | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| TDS METROCOM Mailing Address PO BOX 94510 | | | Allocated Activity or Event Year-To-Date 263238.69 | | | |
| City PALATINE | State IL | Zip Code 60094 | Date: MM / DD / YYYY 11 / 25 / 2015 | | | |
| Purpose of Disbursement: OFFICE PHONES | | Category/ Type | Allocated Activity or Event Year-To-Date 263238.69 | | | |
| Activity or Event Identifier: | | | Date: MM / DD / YYYY 11 / 25 / 2015 | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 410.10 | | | 729.06 | | | 1139.16 |

| | | | | | | |
|--|-------------|-------------------|--|--|---|--------------|
| C. Full Name (Last, First, Middle Initial) Transaction ID : 121815Y <input checked="" type="checkbox"/> Memo Item | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | |
| OFFICE DEPOT Mailing Address 13770 W MAPLE ROAD | | | Allocated Activity or Event Year-To-Date 29.58 | | | |
| City OMAHA | State NE | Zip Code 68164 | Date: MM / DD / YYYY 09 / 17 / 2015 | | | |
| Purpose of Disbursement: OFFICE SUPPLIES | | Category/ Type | Allocated Activity or Event Year-To-Date 29.58 | | | |
| Activity or Event Identifier: | | | Date: MM / DD / YYYY 09 / 17 / 2015 | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 10.65 | | | 18.93 | | | 29.58 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 532.68 | | 946.99 | | 1479.67 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [] | [] | [] |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Transaction ID : 121815Z
BEST BUY
Mailing Address 7357 W TOWNE WAY
City MADISON State WI Zip Code 53719
Purpose of Disbursement: OFFICE SUPPLIES
Allocated Activity or Event: Administrative
FEDERAL SHARE 45.57 NONFEDERAL SHARE 81.02 TOTAL AMOUNT 126.59

B. Full Name (Last, First, Middle Initial) Transaction ID : 121815AB
PINKUS MCBRIDE
Mailing Address 301 N HAMILTON STREET
City MADISON State WI Zip Code 53703
Purpose of Disbursement: MEETING EXPENSE
Allocated Activity or Event: Administrative
FEDERAL SHARE 1.83 NONFEDERAL SHARE 3.25 TOTAL AMOUNT 5.08

C. Full Name (Last, First, Middle Initial) Transaction ID : 121815AC
AMAZON.COM
Mailing Address 410 TERRY AVENUE N
City SEATTLE State WA Zip Code 98109
Purpose of Disbursement: OFFICE SUPPLIES
Allocated Activity or Event: Administrative
FEDERAL SHARE 6.83 NONFEDERAL SHARE 12.15 TOTAL AMOUNT 18.98

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
FEDERAL SHARE 0.00 NONFEDERAL SHARE 0.00 TOTAL AMOUNT 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))
FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) **Transaction ID : 121815AD** Memo Item
AMAZON.COM
Mailing Address 410 TERRY AVENUE N

City State Zip Code
SEATTLE WA 98109

Purpose of Disbursement:
OFFICE SUPPLIES

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date
23.69

Date M M M / D D D / Y Y Y Y Y Y
09 24 2015

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 8.53 | | 15.16 | | 23.69 |

B. Full Name (Last, First, Middle Initial) **Transaction ID : 121815AE** Memo Item
AMAZON.COM
Mailing Address 410 TERRY AVENUE N

City State Zip Code
SEATTLE WA 98109

Purpose of Disbursement:
OFFICE SUPPLIES

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date
16.93

Date M M M / D D D / Y Y Y Y Y Y
09 24 2015

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.09 | | 10.84 | | 16.93 |

C. Full Name (Last, First, Middle Initial) **Transaction ID : 121815AF** Memo Item
WALGREENS
Mailing Address 15 E MAIN STREET

City State Zip Code
MADISON WI 53703

Purpose of Disbursement:
OFFICE SUPPLIES

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date
11.05

Date M M M / D D D / Y Y Y Y Y Y
09 28 2015

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3.98 | | 7.07 | | 11.05 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 0.00 | | 0.00 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Form A: Full Name (Last, First, Middle Initial) Transaction ID : 121815AG FEDEX. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : 121815AH FEDEX. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : 121815AJ INSTY PRINTS. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 9943.45, 17677.24, 27620.69.