



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**REPUBLICAN PARTY OF WISCONSIN**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text"/>	<input type="text" value="271718.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="362949.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="119999.04"/>	<input type="text" value="763944.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="482948.54"/>	<input type="text" value="1035662.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83441.67"/>	<input type="text" value="636155.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="399506.87"/>	<input type="text" value="399506.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**REPUBLICAN PARTY OF WISCONSIN**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	52150.00	189065.00
(ii) Unitemized .....	54358.93	488896.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	106508.93	677961.62
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	69518.01
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	115008.93	747479.63
12. Transfers From Affiliated/Other Party Committees.....	4469.20	4469.20
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).....	520.91	11995.33
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	119999.04	763944.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	119999.04	763944.16

**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 .....	2363.53	27945.30
(ii) Non-Federal Share.....	4201.87	49680.50
(b) Other Federal Operating Expenditures .....	15725.50	157512.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	22290.90	235137.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	100000.00
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	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
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 .....	61150.77	301017.50
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	61150.77	301017.50
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83441.67	636155.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79239.80	586474.95

**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) .....	115008.93	747479.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	115008.93	747479.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18089.03	185457.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	520.91	11995.33
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17568.12	173462.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
	<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**

Full Name (Last, First, Middle Initial) <b>A. Richard J Aylward</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2011 <b>Transaction ID : SA11AI.6634</b>
Mailing Address 1155 Irish Road		Amount of Each Receipt this Period 1000.00
City Neenah	State WI	Zip Code 54956-1509
FEC ID number of contributing federal political committee.	C	
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Banas</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2011 <b>Transaction ID : SA11AI.8082</b>
Mailing Address 2823 Aspen Road		Amount of Each Receipt this Period 250.00
City Rhinelander	State WI	Zip Code 54501-8563
FEC ID number of contributing federal political committee.	C	
Name of Employer MMG-North Shore	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Crystal A Berg</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2011 <b>Transaction ID : SA11AI.8092</b>
Mailing Address 1962 Robins Run Road		Amount of Each Receipt this Period 1000.00
City Hartford	State WI	Zip Code 53027
FEC ID number of contributing federal political committee.	C	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. Mr. Vincent Biskupic</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2011 <b>Transaction ID : SA11AI.7742</b>
Mailing Address 405 E. Roosevelt St		Amount of Each Receipt this Period 250.00
City Appleton	State WI	Zip Code 54911-3739
FEC ID number of contributing federal political committee. C	Name of Employer Biskupic Legal	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Bustrin</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2011 <b>Transaction ID : SA11AI.5606</b>
Mailing Address 13259 N. Lakewood Dr #3w		Amount of Each Receipt this Period 1000.00
City Mequon	State WI	Zip Code 53097-2408
FEC ID number of contributing federal political committee. C	Name of Employer N/A	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Joyce Bytof</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2011 <b>Transaction ID : SA11AI.7752</b>
Mailing Address 937 E Pondview Ct		Amount of Each Receipt this Period 500.00
City Appleton	State WI	Zip Code 54913-6607
FEC ID number of contributing federal political committee. C	Name of Employer Coldwell Banker	Occupation Realtor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. David U. Cookson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4910 Lake Mendota Drive  
 City Madison State WI Zip Code 53705-1376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2011  
**Transaction ID : SA11AI.5276**  
 Amount of Each Receipt this Period  
 250.00

**B. J.P. Cullen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1957  
 City Janesville State WI Zip Code 53547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2011  
**Transaction ID : SA11AI.6200**  
 Amount of Each Receipt this Period  
 500.00

**c. John Dykema**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1535 Fox Ridge Ct  
 City De Pere State WI Zip Code 54115-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sasib Packaging Plant Mgr  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2011  
**Transaction ID : SA11AI.5897**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 54  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. Thomas D Ehram**  
Full Name (Last, First, Middle Initial)  
Mailing Address W325N7212 Clearwater Court  
City Hartland State WI Zip Code 53029-8511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Ins. Services Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 18 / 2011  
**Transaction ID : SA11AI.6820**  
Amount of Each Receipt this Period 300.00

**B. Richard M. Esenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13839 N Lake Shore Dr  
City Mequon State WI Zip Code 53097-1724  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marquette University Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2011  
**Transaction ID : SA11AI.5122**  
Amount of Each Receipt this Period 1000.00

**C. John M. Flesch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5678 Ashbourne Ln  
City Fitchburg State WI Zip Code 53711-6967  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gordon Flesch Company Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2011  
**Transaction ID : SA11AI.5280**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1800.00  
**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 10 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. Forest County Potawatomi Community</b>		Date of Receipt
Mailing Address PO Box 340		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : SA11AI.8198</b>
Crandon	WI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="2500.00"/>
54520		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Brad Gehring</b>		Date of Receipt
Mailing Address 5070 W. Century Farm Blvd		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : SA11AI.7756</b>
Appleton	WI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="500.00"/>
54913-8538		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Outagamie County	Sheriff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Hayes</b>		Date of Receipt
Mailing Address PO Box 954		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : SA11AI.6930</b>
Concord	NC	Amount of Each Receipt this Period
Zip Code		<input type="text" value="1000.00"/>
28026-0954		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
N/A	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. Thomas Hayssen</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2011 <b>Transaction ID : SA11AI.6049</b>		
Mailing Address 1111 East Bywater Lane			Amount of Each Receipt this Period 100.00		
City Milwaukee	State WI	Zip Code 53217-2839			
FEC ID number of contributing federal political committee. C					
Name of Employer Racine Iron & Wire Works		Occupation Director Mfg			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) <b>B. Diane M Hendricks</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2011 <b>Transaction ID : SA11AI.6975</b>		
Mailing Address One ABC Parkway			Amount of Each Receipt this Period 10000.00		
City Beloit	State WI	Zip Code 53511-4466			
FEC ID number of contributing federal political committee. C					
Name of Employer ABC Supply		Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. Dan Hoff</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2011 <b>Transaction ID : SA11AI.7744</b>		
Mailing Address 225 E. Wayfarer Ln			Amount of Each Receipt this Period 500.00		
City Appleton	State WI	Zip Code 54913-6355			
FEC ID number of contributing federal political committee. C					
Name of Employer Hoff Law Offices		Occupation Lawyer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 54  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. Holly Jensen</b>		Date of Receipt 05 / 06 / 2011 <b>Transaction ID : SA11AI.5528</b>
Mailing Address 15 South Willow Court		Amount of Each Receipt this Period 1000.00
City Aspen	State CO	Zip Code 81611-2530
FEC ID number of contributing federal political committee. C	Name of Employer Homemaker	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Paul W. Jones</b>		Date of Receipt 05 / 25 / 2011 <b>Transaction ID : SA11AI.7607</b>
Mailing Address N4704 Pinecrest Dr.		Amount of Each Receipt this Period 250.00
City Nashotah	State WI	Zip Code 53058-9709
FEC ID number of contributing federal political committee. C	Name of Employer AO Smith Corp	Occupation Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Donald Kress</b>		Date of Receipt 05 / 16 / 2011 <b>Transaction ID : SA11AI.6402</b>
Mailing Address P.O. Box 11564		Amount of Each Receipt this Period 5000.00
City Green Bay	State WI	Zip Code 54307-1564
FEC ID number of contributing federal political committee. C	Name of Employer N/A	Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. Roger H Kriete**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4444 West Blue Mound Road  
 City Milwaukee State WI Zip Code 53208-3670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milwaukee Mack Sales Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 18 / 2011**  
**Transaction ID : SA11AI.6681**  
 Amount of Each Receipt this Period **500.00**

**B. James R. Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5735 West Spencer St  
 City Appleton State WI Zip Code 54914-9115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer James Long Law Office Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 26 / 2011**  
**Transaction ID : SA11AI.7738**  
 Amount of Each Receipt this Period **500.00**

**C. Allan W. Lund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15025 West Beckwith Road  
 City Hayward State WI Zip Code 54843-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 05 / 2011**  
**Transaction ID : SA11AI.5386**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)  
**A. William Mielke**

Mailing Address 640 West Glenview Avenue

City State Zip Code  
Oconomowoc WI 53066

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

Name of Employer Occupation  
Ruekert & Mielke, Inc. CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2011  
**Transaction ID : SA11AI.5689**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3704 North Lake Drive

City State Zip Code  
Milwaukee WI 53211

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

Name of Employer Occupation  
Intl Assn for Orthodontics Association Mgmt

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2011  
**Transaction ID : SA11AI.5376**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4470 N. Lake Dr

City State Zip Code  
Milwaukee WI 53211-1775

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

Name of Employer Occupation  
Self Investments

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2011  
**Transaction ID : SA11AI.5334**

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00

**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 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)  
**A. Steven M. Nicolai**

Mailing Address 4535 Mormon Coulee Road

City State Zip Code  
La Crosse WI 54601-8232

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

Name of Employer Occupation  
Nicolai Builders Real Estate Developer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2011  
**Transaction ID : SA11AI.5520**

Amount of Each Receipt this Period  
500.00

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

Mailing Address N2485 Cardinal Ln

City State Zip Code  
Oostburg WI 53070-1650

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

Name of Employer Occupation  
Richardson Brothers Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2011  
**Transaction ID : SA11AI.6926**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 500 E Juniper Ct

City State Zip Code  
Mequon WI 53092

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 ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2011  
**Transaction ID : SA11AI.6724**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 16 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. James E. Speaker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3605 Grace Avenue  
 City Mequon State WI Zip Code 53092-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JW Speaker Corp Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 05 / 2011**  
**Transaction ID : SA11AI.5388**  
 Amount of Each Receipt this Period  
**2500.00**

**B. Stanley Strelka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12366 N. River Road  
 City Mequon State WI Zip Code 53092-2222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pro Ins Services Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2011**  
**Transaction ID : SA11AI.5092**  
 Amount of Each Receipt this Period  
**250.00**

**C. Richard F Teerlink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1765 Wedgewood Drive West  
 City Elm Grove State WI Zip Code 53122-1056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 18 / 2011**  
**Transaction ID : SA11AI.6691**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 17 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. Jack Voight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2508 N. Richmond St  
 City Appleton State WI Zip Code 54911-1970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Voight Insurance Occupation Agent  
 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  
 05 / 26 / 2011  
**Transaction ID : SA11AI.7740**  
 Amount of Each Receipt this Period  
 500.00

**B. David Voss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7510 Richter Lane  
 City Larsen State WI Zip Code 54947-9635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Miron Company Inc. Occupation CEO  
 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  
 05 / 26 / 2011  
**Transaction ID : SA11AI.7732**  
 Amount of Each Receipt this Period  
 500.00

**C. Jennifer Wanke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 607 E Tallgrass Drive  
 City Appleton State WI Zip Code 54913-7505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leaven Occupation Co-Chairperson  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2011  
**Transaction ID : SA11AI.7750**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 54  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. David Watters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1303 Midway Road  
City Menasha State WI Zip Code 54952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Watters Plumbing Occupation 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  
05 / 26 / 2011  
**Transaction ID : SA11AI.7736**  
Amount of Each Receipt this Period  
500.00

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	52150.00

**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 19 OF 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 801 PENNSYLVANIA AVE, NW  
SUITE 640  
City WASHINGTON State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00132092  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 17 / 2011  
**Transaction ID : SA11C.8184**  
Amount of Each Receipt this Period  
1000.00

**B. COCA-COLA REFRESHMENTS USA, INC NONPARTISAN POLITICAL ACTION COMMITTEE FOR GOOD GOVERNMENT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 NORTH AVENUE, NW  
City ATLANTA State GA Zip Code 30313  
FEC ID number of contributing federal political committee. **C** C00250134  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2011  
**Transaction ID : SA11C.8201**  
Amount of Each Receipt this Period  
2000.00

**C. ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address LILLY CORPORATE CENTER  
City INDIANAPOLIS State IN Zip Code 46285  
FEC ID number of contributing federal political committee. **C** C00082792  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 24 / 2011  
**Transaction ID : SA11C.8190**  
Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 54
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. INTEGRYS ENERGY GROUP, INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 E RANDOLPH DR  
 City CHICAGO State IL Zip Code 60601  
 FEC ID number of contributing federal political committee. **C** C00442707  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2011  
**Transaction ID : SA11C.8196**  
 Amount of Each Receipt this Period  
 1500.00

**B. MARATHON OIL COMPANY EMPLOYEES POLITICAL ACTION COMMITTEE (MEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 75000, MC 2250  
 City DETROIT State MI Zip Code 48275  
 FEC ID number of contributing federal political committee. **C** C00040568  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2011  
**Transaction ID : SA11C.8186**  
 Amount of Each Receipt this Period  
 1000.00

**C. MILWAUKEE POLICE ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6310 WEST BLUEMOUND ROAD  
 City MILWAUKEE State WI Zip Code 53213  
 FEC ID number of contributing federal political committee. **C** C00324673  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2011  
**Transaction ID : SA11C.8194**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 54  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)  
**A. TDS TELECOMMUNICATIONS CORPORATION PAC**

Mailing Address PO BOX 5158

City MADISON State WI Zip Code 53705

FEC ID number of contributing federal political committee. **C** C00299750

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2011  
**Transaction ID : SA11C.8192**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8500.00

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

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

FOR LINE NUMBER: PAGE 22 OF 54  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. REPUBLICAN NATIONAL COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 FIRST STREET SE  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00003418  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 6039.21

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2011  
**Transaction ID : SA12.8207**  
 Amount of Each Receipt this Period  
 4469.20  
 In-kind - Equipment transfer

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4469.20
<b>TOTAL</b> This Period (last page this line number only).....▶	4469.20

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

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

FOR LINE NUMBER: PAGE 23 OF 54  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

**A. Century Link**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 4300  
City Carol Stream State IL Zip Code 60197  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**520.91**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2011**  
**Transaction ID : SA15.8205**  
Amount of Each Receipt this Period  
**520.91**  
Reimbursement for overpmt

**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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>520.91</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>520.91</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Aspect Consulting, LLC**

Mailing Address 3103 Susan Court

City Cross Plains State WI Zip Code 53528

Purpose of Disbursement  
Compliance consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2011

**Transaction ID : SB21B.8302**

Amount of Each Disbursement this Period

2470.00

Full Name (Last, First, Middle Initial)

**B. Aspect Consulting, LLC**

Mailing Address 3103 Susan Court

City Cross Plains State WI Zip Code 53528

Purpose of Disbursement  
Compliance consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID : SB21B.8354**

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**C. Brocach Irish Pub**

Mailing Address 7 W Main St

City Madison State WI Zip Code 53703

Purpose of Disbursement  
5/31 CC Pmt: Meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID : SB21B.8397**

Amount of Each Disbursement this Period

24.55

**[MEMO ITEM]**

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

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

4720.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Dan Morse Consulting LLC**

Mailing Address 5636 Nutone St

City Fitchburg State WI Zip Code 53711-0000

Purpose of Disbursement  
Finance consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

Transaction ID : **SB21B.8341**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. eDonation.com**

Mailing Address 118 North St Asaph St

City Alexandria State VA Zip Code 22314

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  
05 / 10 / 2011

Transaction ID : **SB21B.8308**

Amount of Each Disbursement this Period

2.00

Full Name (Last, First, Middle Initial)

**C. Expedia**

Mailing Address 3150 139th Ave SE #500

City Bellavue State WA Zip Code 98005

Purpose of Disbursement  
5/31 CC Pmt: booking fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2011

Transaction ID : **SB21B.8399**

Amount of Each Disbursement this Period

15.70

[MEMO ITEM]

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

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

2502.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1601 S California Ave

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement  
5/31 CC Pmt: Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2011

Transaction ID : **SB21B.8390**

Amount of Each Disbursement this Period

239.97

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Frontier Airlines**

Mailing Address 7001 Tower Rd

City Denver State CO Zip Code 80249

Purpose of Disbursement  
5/31 CC Pmt: Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2011

Transaction ID : **SB21B.8401**

Amount of Each Disbursement this Period

313.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Godaddy.com**

Mailing Address 14455 N Hayden Rd

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
5/31 CC Pmt: Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2011

Transaction ID : **SB21B.8392**

Amount of Each Disbursement this Period

7.99

[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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Heinzen Printing Inc.**

Mailing Address P.O. Box 267

City Marshfield State WI Zip Code 54449

Purpose of Disbursement  
Printing - pledge forms

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

Transaction ID : **SB21B.8344**

Amount of Each Disbursement this Period

1256.00

Full Name (Last, First, Middle Initial)

**B. Heinzen Printing Inc.**

Mailing Address P.O. Box 267

City Marshfield State WI Zip Code 54449

Purpose of Disbursement  
Printing - labels

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

Transaction ID : **SB21B.8345**

Amount of Each Disbursement this Period

248.98

Full Name (Last, First, Middle Initial)

**C. iContact Corporation**

Mailing Address 5221 Paramount Pkwy

City Morrisville State NC Zip Code 27560

Purpose of Disbursement  
5/31 CC Pmt: Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2011

Transaction ID : **SB21B.8394**

Amount of Each Disbursement this Period

303.20

[MEMO ITEM]

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

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

1504.98

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Kimbia, Inc.**

Mailing Address 1050 E 11th St, Ste 200

City Austin State TX Zip Code 78702

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.8336**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. M&I Bank**

Mailing Address 1 W Main St

City Madison State WI Zip Code 53703-0000

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

/  /

**Transaction ID : SB21B.8310**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. M&I Bank**

Mailing Address 1 W Main St

City Madison State WI Zip Code 53703-0000

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

/  /

**Transaction ID : SB21B.8384**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. M&I Bank**

Mailing Address 1 W Main St

City Madison State WI Zip Code 53703-0000

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  
05 / 12 / 2011

**Transaction ID : SB21B.8301**

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**B. M&I Bank**

Mailing Address 1 W Main St

City Madison State WI Zip Code 53703-0000

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  
05 / 14 / 2011

**Transaction ID : SB21B.8386**

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**C. M&I Bank**

Mailing Address 1 W Main St

City Madison State WI Zip Code 53703-0000

Purpose of Disbursement  
5/31 CC Pmt: CC fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID : SB21B.8396**

Amount of Each Disbursement this Period

19.00

**[MEMO ITEM]**

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

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

90.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. M&I Merchant Services**

Mailing Address 601 Riverside Avenue

City Jacksonville State FL Zip Code 32204

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2011

**Transaction ID : SB21B.8306**

Amount of Each Disbursement this Period

4.95

Full Name (Last, First, Middle Initial)

**B. M&I Merchant Services**

Mailing Address 601 Riverside Avenue

City Jacksonville State FL Zip Code 32204

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2011

**Transaction ID : SB21B.8307**

Amount of Each Disbursement this Period

398.17

Full Name (Last, First, Middle Initial)

**C. M&I Merchant Services**

Mailing Address 601 Riverside Avenue

City Jacksonville State FL Zip Code 32204

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2011

**Transaction ID : SB21B.8385**

Amount of Each Disbursement this Period

40.95

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

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

444.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. M&I Merchant Services**

Mailing Address 601 Riverside Avenue

City Jacksonville State FL Zip Code 32204

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2011

Transaction ID : **SB21B.8337**

Amount of Each Disbursement this Period

54.52

**B. REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
In-kind - Equipment transfer

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2011

Transaction ID : **SB21B.8208**

Amount of Each Disbursement this Period

4469.20

**C. Winnebago County Republican Party**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 176

City Oshkosh State WI Zip Code 54903

Purpose of Disbursement  
Vendor table

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2011

Transaction ID : **SB21B.8303**

Amount of Each Disbursement this Period

505.00

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

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

5028.72

15725.50



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. American Funds Service Company**

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

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

/  /

**Transaction ID : SB30B.8350**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. American Funds Service Company**

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

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

/  /

**Transaction ID : SB30B.8351**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Dudley Bowlby**

Mailing Address 250 Femrite Drive

City Madison State WI Zip Code 53716

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.8322**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Dudley Bowlby**

Mailing Address 250 Femrite Drive

City Madison State WI Zip Code 53716

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.8372**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ashley M Burns**

Mailing Address 420 W Gorham #210

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.8314**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ashley M Burns**

Mailing Address 420 W Gorham #210

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.8361**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Alexander R. Combs**

Mailing Address 2734 Chamberlain Ave

City Madison State WI Zip Code 53705

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.8323**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alexander R. Combs**

Mailing Address 2734 Chamberlain Ave

City Madison State WI Zip Code 53705

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.8373**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Colleen Coyle**

Mailing Address 3494 Sabaka Trail

City Verona State WI Zip Code 53573

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.8319**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Colleen Coyle**

Mailing Address 3494 Sabaka Trail

City Verona State WI Zip Code 53573

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  
05 / 31 / 2011

**Transaction ID : SB30B.8369**

Amount of Each Disbursement this Period

1522.70

Full Name (Last, First, Middle Initial)

**B. Dean Care**

Mailing Address PO Box 673111

City Milwaukee State WI Zip Code 53267-3111

Purpose of Disbursement  
Health insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID : SB30B.8353**

Amount of Each Disbursement this Period

4440.45

Full Name (Last, First, Middle Initial)

**C. Delta Dental**

Mailing Address PO 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

MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID : SB30B.8352**

Amount of Each Disbursement this Period

495.65

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

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

6458.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Thomas Dickens**

Mailing Address 420 W. Gorham St

City Madison State WI Zip Code 53703-2034

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.8332**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Thomas Dickens**

Mailing Address 420 W. Gorham St

City Madison State WI Zip Code 53703-2034

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.8362**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Richard Dickie**

Mailing Address 126 North Blair Street #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

/  /

**Transaction ID : SB30B.8324**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Richard Dickie**

Mailing Address 126 North Blair Street #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

/  /

**Transaction ID : SB30B.8374**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Elise Dietsch**

Mailing Address 1100 Glenview Drive

City Baraboo State WI Zip Code 53913

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.8313**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Elise Dietsch**

Mailing Address 1100 Glenview Drive

City Baraboo State WI Zip Code 53913

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.8360**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. EBC**

Mailing Address PO Box 44347

City Madison State WI Zip Code 53744

Purpose of Disbursement  
HRA administration fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

**Transaction ID : SB30B.8342**

Amount of Each Disbursement this Period

132.00

Full Name (Last, First, Middle Initial)

**B. Grace W Eberhart**

Mailing Address 3588 W Hrawatha

City Okemos State MI Zip Code 48864

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  
05 / 16 / 2011

**Transaction ID : SB30B.8320**

Amount of Each Disbursement this Period

216.66

Full Name (Last, First, Middle Initial)

**C. Grace W Eberhart**

Mailing Address 3588 W Hrawatha

City Okemos State MI Zip Code 48864

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  
05 / 31 / 2011

**Transaction ID : SB30B.8370**

Amount of Each Disbursement this Period

415.20

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

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

763.86

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. Donna Heimbach</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2011
Mailing Address 3002 Dianne Drive		<b>Transaction ID : SB30B.8325</b>
City Middleton	State WI	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 545.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Donna Heimbach</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2011
Mailing Address 3002 Dianne Drive		<b>Transaction ID : SB30B.8375</b>
City Middleton	State WI	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 662.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Bryce Hensley</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2011
Mailing Address 625 N Henry St		<b>Transaction ID : SB30B.8365</b>
City Madison	State WI	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 397.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1605.16
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Grayson Hoffman**

Mailing Address 1325 Randall Court

City Madison State WI Zip Code 53715

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8317**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Grayson Hoffman**

Mailing Address 1325 Randall Court

City Madison State WI Zip Code 53715

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8367**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mark Jefferson**

Mailing Address 1678 Cottonville Ave

City Arkdale State WI Zip Code 54613-9614

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.8311**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Mark Jefferson**

Mailing Address 1678 Cottonville Ave

City Arkdale State WI Zip Code 54613-9614

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.8358**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Brian Kind**

Mailing Address 405 Doral Court

City Waunakee State WI Zip Code 53597

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8315**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Brian Kind**

Mailing Address 405 Doral Court

City Waunakee State WI Zip Code 53597

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8363**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Larry Loomis**

Mailing Address 762 Briar Ln

City State Zip Code  
Beloit WI 53511-0000

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  
05 / 16 / 2011

**Transaction ID : SB30B.8326**

Amount of Each Disbursement this Period

561.20

Full Name (Last, First, Middle Initial)

**B. Larry Loomis**

Mailing Address 762 Briar Ln

City State Zip Code  
Beloit WI 53511-0000

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  
05 / 31 / 2011

**Transaction ID : SB30B.8376**

Amount of Each Disbursement this Period

667.66

Full Name (Last, First, Middle Initial)

**C. David R Luhman**

Mailing Address 616 Bartels St

City State Zip Code  
Monona WI 53718

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  
05 / 16 / 2011

**Transaction ID : SB30B.8327**

Amount of Each Disbursement this Period

673.08

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

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

1901.94

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. David R Luhman**

Mailing Address 616 Bartels St

City Monona State WI Zip Code 53718

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.8377**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Katherine A Mccallum**

Mailing Address 1713 Park 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.8318**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Katherine A Mccallum**

Mailing Address 1713 Park 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.8368**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Alyssa A Moyer**

Mailing Address 118 N Brooks Street  
APT A

City Madison State WI Zip Code 53715

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8316**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alyssa A Moyer**

Mailing Address 118 N Brooks Street  
APT A

City Madison State WI Zip Code 53715

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8364**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Tr S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8333**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Tr S

City Rochester State NY Zip Code 14625

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

MM / DD / YYYY  
05 / 16 / 2011

**Transaction ID : SB30B.8334**

Amount of Each Disbursement this Period

421.44

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Tr S

City Rochester State NY Zip Code 14625

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  
05 / 16 / 2011

**Transaction ID : SB30B.8335**

Amount of Each Disbursement this Period

6989.83

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 911 Panorama Tr S

City Rochester State NY Zip Code 14625

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

MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID : SB30B.8381**

Amount of Each Disbursement this Period

8027.27

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

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

15438.54

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 911 Panorama Tr S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8382**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 911 Panorama Tr S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll tax

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8383**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Scott Poole**

Mailing Address 1528 Sellery Street

City Middleton State WI Zip Code 53562-0000

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.8328**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Scott Poole**

Mailing Address 1528 Sellery Street

City Middleton State WI Zip Code 53562-0000

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.8378**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Daniel Resch**

Mailing Address 2 Northridge Terrace Apt C

City Madison State WI Zip Code 53704

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.8329**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Samuel G Robertson**

Mailing Address 817 W Lexington Parkway  
De Forest, WI 53532

City De Forest State WI Zip Code 53532

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.8321**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Samuel G Robertson**

Mailing Address 817 W Lexington Parkway  
De Forest, WI 53532

City De Forest State WI Zip Code 53532

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.8371**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Stephan Thompson**

Mailing Address 148 E Johnson 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.8312**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Stephan Thompson**

Mailing Address 148 E Johnson 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.8359**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Anton Urso**

Mailing Address 405 Nichols Rd

City Monona State WI Zip Code 53716

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  
05 / 16 / 2011

**Transaction ID : SB30B.8330**

Amount of Each Disbursement this Period

599.67

Full Name (Last, First, Middle Initial)

**B. Anton Urso**

Mailing Address 405 Nichols Rd

City Monona State WI Zip Code 53716

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  
05 / 31 / 2011

**Transaction ID : SB30B.8379**

Amount of Each Disbursement this Period

662.52

Full Name (Last, First, Middle Initial)

**C. Joshua Wilson**

Mailing Address 641 West 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

MM / DD / YYYY  
05 / 16 / 2011

**Transaction ID : SB30B.8331**

Amount of Each Disbursement this Period

563.81

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

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

1826.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF WISCONSIN**

Full Name (Last, First, Middle Initial)

**A. Joshua Wilson**

Mailing Address 641 West 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) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2011

**Transaction ID : SB30B.8380**

Amount of Each Disbursement this Period

634.47

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

634.47

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

61150.77

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 : H4.8338
Badgerland Chemical & Supply
Mailing Address PO Box 620303
City Middleton State WI Zip Code 53562
Purpose of Disbursement: Janitorial supplies
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 71118.30
Date 05 / 24 / 2011
FEDERAL SHARE 20.84 + NONFEDERAL SHARE 37.06 = TOTAL AMOUNT 57.90

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8339
Century Springs Bottling Co.
Mailing Address PO Box 275
City Genesee Depot State WI Zip Code 53127-0000
Purpose of Disbursement: Bottled water
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 71135.80
Date 05 / 24 / 2011
FEDERAL SHARE 6.30 + NONFEDERAL SHARE 11.20 = TOTAL AMOUNT 17.50

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8340
Coca-Cola Bottling Company
Mailing Address PO Box 86
City Minneapolis State MN Zip Code 55486
Purpose of Disbursement: Office soda
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 71319.63
Date 05 / 24 / 2011
FEDERAL SHARE 66.18 + NONFEDERAL SHARE 117.65 = TOTAL AMOUNT 183.83

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
FEDERAL SHARE 93.32 + NONFEDERAL SHARE 165.91 = TOTAL AMOUNT 259.23

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**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Office Depot</b> Mailing Address PO Box 9027		<b>Transaction ID : H4.8346</b>		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 State Zip Code Des Moines IA 50368		Purpose of Disbursement: Office supplies		Allocated Activity or Event Year-To-Date 72112.03	
Activity or Event Identifier: <b>Administrative</b>		Category/Type		Date 05 / 24 / 2011	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		285.26 + 507.14 = 792.40			

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Pitney Bowes Purchase Power</b> Mailing Address P.O. Box 856042		<b>Transaction ID : H4.8347</b>		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 State Zip Code Louisville KY 40285-0000		Purpose of Disbursement: Postage for meter		Allocated Activity or Event Year-To-Date 72481.45	
Activity or Event Identifier: Administrative		Category/Type		Date 05 / 24 / 2011	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		132.99 + 236.43 = 369.42			

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Pitney Bowes Purchase Power</b> Mailing Address P.O. Box 856042		<b>Transaction ID : H4.8348</b>		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 State Zip Code Louisville KY 40285-0000		Purpose of Disbursement: Postage		Allocated Activity or Event Year-To-Date 77481.88	
Activity or Event Identifier: Administrative		Category/Type		Date 05 / 24 / 2011	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		1800.15 + 3200.28 = 5000.43			

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2218.40		3943.85		6162.25

**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 : H4.8349**  
**Veolia ES Solid Waste Midwest**  
Mailing Address PO Box 6484

City State Zip Code  
Carol Stream IL 60197

Purpose of Disbursement:  
Waste removal

Activity or Event Identifier:  
**Administrative**

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  
77625.80

Date M M / D D / Y Y Y Y Y Y  
05 / 24 / 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.81		92.11		143.92

**B.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Purpose of Disbursement:  
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  
Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Purpose of Disbursement:  
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  
Date M M / D D / Y Y Y Y Y Y

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.81		92.11		143.92

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
2363.53		4201.87		6565.40