

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

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

Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

12-Day Pre-Election Report for the Election on  in the State of

30-Day Post-Election Report for the General Election on

4. IS THIS REPORT AN AMENDMENT?

yes  no

5. COVERING PERIOD

09 /  01 /  2016 THROUGH  09 /  30 /  2016

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

Type or Print Name of Treasurer LIND, KATE, , ,

Signature of Treasurer LIND, KATE, , , [Electronically Filed] Date  10 /  20 /  2016

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

Office Use Only							
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Write or Type Committee Name

# SCOTT WALKER INC

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

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="15103.50"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="117742.73"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="132846.23"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	<input type="text" value="90441.87"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="42404.36"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="381971.80"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="596268.31"/>

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

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="7936892.15"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="8473317.82"/>

**DETAILED SUMMARY PAGE**  
of Receipts

NAME OF COMMITTEE (in Full)

**SCOTT WALKER INC**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
09 / 01 / 2016

To:

M M / D D / Y Y Y Y  
09 / 30 / 2016

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	13876.00	5383853.54
(ii) unitemized .....	7619.00	2953266.61
(iii) Total contributions .....	21495.00	8337120.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	4700.00	60800.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	26195.00	8397920.15
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	0.00	64746.22
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	0.00	64746.22
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	91547.73	578830.03
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	117742.73	9041496.40

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

**SCOTT WALKER INC**

Report Covering the Period: From:

09 / 01 / 2016

To:

09 / 30 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

23. OPERATING EXPENDITURES.....	83791.87	8538064.04
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	6650.00	456028.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	6650.00	461028.00
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	90441.87	8999092.04

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
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FEC Form 3P (Rev. 05/2016)  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

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

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

2. FEC IDENTIFICATION NUMBER

C C00580480

SCOTT WALKER INC

ADDRESS (number and street)

PO BOX 620590

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

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

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

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

**ADAMS, JOHN, , ,**

Mailing Address 312 FOREST DR SE

City CEDAR RAPIDS	State IA	Zip Code 52403
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FEC ID number of contributing federal political committee.

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.150333**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	6

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

**BANT, JOYCE, , ,**

Mailing Address 6937 HWY 51

City HAZELHURST	State WI	Zip Code 54531
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.150198**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	6

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

**BIALKIN, KENNETH, , ,**

Mailing Address 211 CENTRAL PARK W

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee.

Name of Employer SKADDEN ARPS	Occupation ATTORNEY
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Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.150386**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	6

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**CLEMENTS, BRUCE, , ,**

Mailing Address 1614 NORFOLK #C

City  
HOUSTON

State  
TX

Zip Code  
77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

**Transaction ID : SA17A.150364**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

50.00

Memo Item

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

**COLLINS, CHRISTOPHER, , ,**

Mailing Address 72 HARBOR STREET

City  
MANCHESTER

State  
MA

Zip Code  
00194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5400.00

**Transaction ID : SA17A.150224**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2016

PRIMARY 2016 DEBT RETIREMENT: EXCESS TO BE REATTRIBUTED

Amount of Each Receipt this Period

5400.00

Memo Item

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

**COLLINS, CHRISTOPHER, , ,**

Mailing Address 72 HARBOR STREET

City  
MANCHESTER

State  
MA

Zip Code  
00194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE INVESTOR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : SA17A.150225**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

-2700.00

Memo Item

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

2750.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**COLLINS, LISA, , ,**

Mailing Address **72 HARBOR STREET**

City <b>MANCHESTER</b>	State <b>MA</b>	Zip Code <b>01944</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>
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Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17A.150473**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		29		2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

Memo Item

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

Mailing Address **11810 GREY BIRCH PLACE**

City <b>RESTON</b>	State <b>VA</b>	Zip Code <b>20191</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17A.150222**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address **11810 GREY BIRCH PLACE**

City <b>RESTON</b>	State <b>VA</b>	Zip Code <b>20191</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 450.00

**Transaction ID : SA17A.150274**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 150.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3100.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**DUNHAM, DARWIN, E, ,**

Mailing Address 1303 HURLBURT WAY

City MINNEOLA	State FL	Zip Code 34715
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.150197**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			14			2016			

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 11 DODGE DRIVE

City WEST HARTFORD	State CT	Zip Code 06107
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.150429**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			13			2016			

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 4044 LONE WOLF CIRCLE

City CROSSVILLE	State TN	Zip Code 38572
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.150298**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2016			

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**GARMANN, ROSEMARY, A, ,**  
Mailing Address 5349 JULMAR DR

**Transaction ID : SA17A.150400**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2016			

City CINCINNATI	State OH	Zip Code 45238
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PRIMARY 2016 DEBT RETIREMENT

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

Amount of Each Receipt this Period

Amount of Each Receipt this Period	100.00
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Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Memo Item

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 Amount: 900.00

**B.** Full Name (Last, First, Middle Initial)  
**GLAZENER, ELEANOR, , ,**  
Mailing Address 7618 TARRYTOWN AVE.

**Transaction ID : SA17A.150181**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2016			

City AMARILLO	State TX	Zip Code 79121
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PRIMARY 2016 DEBT RETIREMENT

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

Amount of Each Receipt this Period

Amount of Each Receipt this Period	100.00
------------------------------------	--------

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

Memo Item

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 Amount: 400.00

**C.** Full Name (Last, First, Middle Initial)  
**HARTER, GARY, , ,**  
Mailing Address 2850 LARSON STREET

**Transaction ID : SA17A.150421**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2016			

City LA CROSSE	State WI	Zip Code 54603
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PRIMARY 2016 DEBT RETIREMENT

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

Amount of Each Receipt this Period

Amount of Each Receipt this Period	100.00
------------------------------------	--------

Name of Employer HARTERS QUICK CLEAN UP	Occupation MANAGER
--	-----------------------

Memo Item

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 Amount: 400.00

**Subtotal Of Receipts This Page** (optional).....▶ **300.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**HOFFMAN, TERRY, , ,**

Mailing Address **7118 WEST RIVER ROAD**

City **BROOKLYN CENTER** State **MN** Zip Code **55430**

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

Name of Employer **SEAGATE TECHNOLOGY** Occupation **ELECTRONICS TECHNICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 400.00

**Transaction ID : SA17A.150268**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 21 / 2016**

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

Mailing Address **1610 WINDSONG LN**

City **RICHMOND** State **TX** Zip Code **77406**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17A.150366**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 13 / 2016**

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

Mailing Address **25 BARNES RD W**

City **STAMFORD** State **CT** Zip Code **06902**

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

Name of Employer **THE MASTERSON GROUP** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17A.150115**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2016**

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ **450.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**KEANE, CHRISTINE, , ,**

Mailing Address 6609 BRESTWICKE ROAD

City BURKE	State VA	Zip Code 22015
---------------	-------------	-------------------

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

Name of Employer REGISTART	Occupation BURKE BASKETBALL
-------------------------------	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17A.150217**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 19 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 6810 HOODS CREEK ROAD

City FRANKSVILLE	State WI	Zip Code 53126
---------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1100.00

**Transaction ID : SA17A.150327**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

Mailing Address 706 ROSE SQ

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer NATIONAL RIFLE ASSOCIATION	Occupation DIRECTOR OF POLITICAL AFF
--	---

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1750.00

**Transaction ID : SA17A.150273**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 26 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1350.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**LANG, ANNE, , ,**

Mailing Address **100 E BELLEVUE #25F**

City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60611</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>FOLEY &amp; LARDNER</b>	Occupation <b>COMPUTING CONSULTANT</b>
--	---

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **1250.00**

**Transaction ID : SA17A.150167**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 12 / 2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **250.00**

Memo Item

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

Mailing Address **4444 N. 110TH ST.**

City <b>WAUWATOSA</b>	State <b>WI</b>	Zip Code <b>53225</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>ICARE</b>	Occupation <b>CEO</b>
----------------------------------	--------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **350.00**

**Transaction ID : SA17A.150234**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 22 / 2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **250.00**

Memo Item

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

Mailing Address **1911 DEER COVE CC CT**

City <b>NORMAL</b>	State <b>IL</b>	Zip Code <b>61761</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **245.00**

**Transaction ID : SA17A.150107**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 12 / 2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **10.00**

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ **510.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**PAPE, WILLIAM, , ,**

Mailing Address 218 NOLD SHERMAN HILL RD

City WOODBURY	State CT	Zip Code 06798
------------------	-------------	-------------------

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

Name of Employer AMERICAN-REPUBLICAN INC	Occupation PUBLISHER
---	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17A.150330**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 4881 POTOMAC AVENUE

City WASHINGTON	State DC	Zip Code 20007
--------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation LAWYER
-----------------------------------	----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : SA17A.150276**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 26 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 7286 SNOWBERRY LN

City CANAL WINCHES	State OH	Zip Code 43110
-----------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : SA17A.150353**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 1350.00

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**PETRONE, AUGUSTA, , ,**

Mailing Address PO BOX 1037

City DUBLIN	State NH	Zip Code 03444-1037
----------------	-------------	------------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
287.00

**Transaction ID : SA17A.150152**

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
176.00

Memo Item

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

**PHELPS, MARION, , ,**

Mailing Address 290 CEDAR DRIVE

City MOUNT PLEASANT	State MI	Zip Code 48858
------------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

**Transaction ID : SA17A.150370**

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
35.00

Memo Item

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

**PIEPER, RICHARD, , ,**

Mailing Address 11602 N SHORE CLIFF LANE

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

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17A.150144**

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
250.00

Memo Item

**Subtotal Of Receipts This Page (optional)** ..... **461.00**

**Total This Period (last page this line number only)** ..... **461.00**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**POGODZINSKI, ANTHONY, , ,**

Mailing Address 9609 MANITOU PK DR

City MINOCQUA	State WI	Zip Code 54548
------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 550.00

**Transaction ID : SA17A.150456**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

Mailing Address 20910 BRADFORD LANE

City BROOKFIELD	State WI	Zip Code 53045
--------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17A.150402**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		13		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 2116 AMARGO WAY

City NAPLES	State FL	Zip Code 34119
----------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17A.150112**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 450.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ROGERS, KENNETH, , ,</b>			<b>Transaction ID : SA17A.150169</b> Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2016		
Mailing Address 5767 SPRUCE KNOLL CIRCLE			PRIMARY 2016 DEBT RETIREMENT		
City INDIANAPOLIS	State IN	Zip Code 46220	Amount of Each Receipt this Period _____ 35.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer DUKE REALTY CORPORATION		Occupation TAX MANAGER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 210.00			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>SINCLAIR SCOUT, ELIZABETH, , ,</b>			<b>Transaction ID : SA17A.150282</b> Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2016		
Mailing Address 2801 NEW MEXICO AVENUE, NW			PRIMARY 2016 DEBT RETIREMENT		
City WASHINGTON	State DC	Zip Code 20007	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer SELF-EMPLOYED		Occupation REALTOR/WRITER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>SPIKER, DOUGLAS, , ,</b>			<b>Transaction ID : SA17A.150168</b> Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2016		
Mailing Address 245 CITATION DR			PRIMARY 2016 DEBT RETIREMENT		
City HENRIETTA	State NY	Zip Code 14467	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer FUNCTION5 TECHNOLOGY GROUP		Occupation CONTROLLER			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00			

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 335.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**SPITLER, KENNETH, , ,**

Mailing Address **9502 BAYOU BROOK STREET**

City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77063</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **600.00**

**Transaction ID : SA17A.150404**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		09		2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **600.00**

Memo Item

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

Mailing Address **PO BOX 9000**

City <b>KILGORE</b>	State <b>TX</b>	Zip Code <b>75663</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>ANA-LAB CORP</b>	Occupation <b>CHEMIST</b>
---	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **500.00**

**Transaction ID : SA17A.150407**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500.00**

Memo Item

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

Mailing Address **884 PEBBLEBROOK LN**

City <b>EAST LANSING</b>	State <b>MI</b>	Zip Code <b>48823</b>
-----------------------------	--------------------	--------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **405.00**

**Transaction ID : SA17A.150150**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		13		2016

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

Memo Item

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**WINTER, RICHARD, L, ,**

Mailing Address **2700 N OCEAN DRIVE #250**

City <b>WEST PALM BEACH</b>	State <b>FL</b>	Zip Code <b>33404</b>
--------------------------------	--------------------	--------------------------

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

Name of Employer <b>HEATH CARE INVESTMENTS,</b>	Occupation <b>HEALTH CARE CONSU</b>
--	--

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	<b>3500.00</b>
--------------------------	----------------

**Transaction ID : SA17A.150267**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 19 / 2016

PRIMARY 2016 DEBT RETIREMENT: EXCESS TO BE REATTRIBUTED

Amount of Each Receipt this Period  

<b>1000.00</b>
----------------

Memo Item

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

Mailing Address **9810 STATE HIGHWAY 220**

City <b>CASPER</b>	State <b>WY</b>	Zip Code <b>82604</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	<b>2000.00</b>
--------------------------	----------------

**Transaction ID : SA17A.150098**

Date of Receipt  

M M / D D / Y Y Y Y
09 / 12 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period  

<b>100.00</b>
---------------

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	
--------------------------	--

Date of Receipt  

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

Amount of Each Receipt this Period  

--

Memo Item

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

**Total This Period** (last page this line number only).....▶ **13876.00**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM**

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: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : SA17C.150425**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 16 / 2016**

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address **PO BOX 510346**

City **NEW BERLIN** State **WI** Zip Code **53151**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : SA17C.150396**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 07 / 2016**

**PRIMARY 2016 DEBT RETIREMENT: FEDERALLY PERMISSIBLE FUNDS**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MARINETTE MARINE CORPORATION PAC MMCPAC**

Mailing Address **1600 ELY ST**

City **MARINETTE** State **WI** Zip Code **54143**

FEC ID number of contributing federal political committee. **C C00459453**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

**Transaction ID : SA17C.150221**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2016**

**PRIMARY 2016 DEBT RETIREMENT**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ **4700.00**

**Total This Period** (last page this line number only).....▶ **4700.00**

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Mailing Address PO BOX 262

City DUBLIN	State NH	Zip Code 03444
----------------	-------------	-------------------

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
291962.50

**Transaction ID : SA21.150155**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2016			

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period  
6861.25

Memo Item

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

Mailing Address PO BOX 262

City DUBLIN	State NH	Zip Code 03444
----------------	-------------	-------------------

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
298748.98

**Transaction ID : SA21.150156**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2016			

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period  
6786.48

Memo Item

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

Mailing Address PO BOX 262

City DUBLIN	State NH	Zip Code 03444
----------------	-------------	-------------------

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
181153.18

**Transaction ID : SA21.150397**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2016			

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period  
44400.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ 58047.73

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Mailing Address PO BOX 262

City  
DUBLIN

State  
NH

Zip Code  
03444

FEC ID number of contributing federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

214653.18

Transaction ID : SA21.150398

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

33500.00

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

33500.00

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

91547.73



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ASPECT CONSULTING LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8401 EXCELSIOR DRIVE #103

City MADISON State WI Zip Code 53717

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB23.150480

Amount of Each Disbursement this Period: 5000.47

Memo Item

**B. BMO HARRIS BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1 W MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB23.150481

Amount of Each Disbursement this Period: 167.45

Memo Item

**C. BURCHFIELD ENTERPRISES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 633 W WILSON ST #419

City MADISON State WI Zip Code 53703

Purpose of Disbursement TECHNICAL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2016

FEC Identification Number: C

Transaction ID : SB23.150482

Amount of Each Disbursement this Period: 1000.00

Memo Item

**Subtotal Of Receipts This Page** (optional)..... 6167.92

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FLS CONNECT LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 7300 HUDSON BLVD #270		FEC Identification Number C
City SAINT PAUL	State MN	Zip Code 55128
Purpose of Disbursement TELEMARKETING AND DATA SERVICES		Transaction ID : <b>SB23.150475</b>
Candidate Name		Amount of Each Disbursement this Period 30000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HARBINGER LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2016
Mailing Address 1919 M STREET NW #200		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement EVENT CONSULTING		Transaction ID : <b>SB23.150476</b>
Candidate Name		Amount of Each Disbursement this Period 19188.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 101	

Full Name (Last, First, Middle Initial) <b>C. ISTREAM FINANCIAL SERVICES</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 13555 BISHOPS COURT		FEC Identification Number C
City BROOKFIELD	State WI	Zip Code 53005
Purpose of Disbursement BANK FEES		Transaction ID : <b>SB23.150483</b>
Candidate Name		Amount of Each Disbursement this Period 110.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 49299.49

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. JONES DAY</b>			Date of Disbursement MM / DD / YYYY 09 / 02 / 2016		
Mailing Address PO BOX 7805, BEN FRANKLIN STATION			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20044	Transaction ID : <b>SB23.150477</b>		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Amount of Each Disbursement this Period 5000.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. JONES DAY</b>			Date of Disbursement MM / DD / YYYY 09 / 16 / 2016		
Mailing Address PO BOX 7805, BEN FRANKLIN STATION			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20044	Transaction ID : <b>SB23.150478</b>		
Purpose of Disbursement LEGAL CONSULTING		Category/ Type	Amount of Each Disbursement this Period 5000.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. SCM ASSOCIATES INC.</b>			Date of Disbursement MM / DD / YYYY 09 / 16 / 2016		
Mailing Address PO BOX 254			FEC Identification Number C		
City DUBLIN	State NH	Zip Code 03444	Transaction ID : <b>SB23.150479</b>		
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE		Category/ Type 101	Amount of Each Disbursement this Period 15877.20		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 25877.20

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. STRIPE</b>			Date of Disbursement MM / DD / YYYY 09 / 12 / 2016		
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : <b>SB23.150484</b>		
Purpose of Disbursement MERCHANT FEES		Category/ Type	Amount of Each Disbursement this Period 75.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>			Date of Disbursement MM / DD / YYYY 09 / 14 / 2016		
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : <b>SB23.150485</b>		
Purpose of Disbursement MERCHANT FEES		Category/ Type	Amount of Each Disbursement this Period 372.26		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. THE CHAMPION GROUP</b>			Date of Disbursement MM / DD / YYYY 09 / 02 / 2016		
Mailing Address PO BOX 1651			FEC Identification Number C		
City MADISON	State WI	Zip Code 53701	Transaction ID : <b>SB23.150486</b>		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Amount of Each Disbursement this Period 2000.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 2447.26

Total This Period (last page this line number only)..... 83791.87

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BARRETT, BARBARA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016	
Mailing Address 4617 E OCOTILLO ROAD			FEC Identification Number C	
City PARADISE VALLEY	State AZ	Zip Code 85253	Transaction ID : <b>SB28A.150488</b>	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 5100.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CHURCH, JOHN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2016	
Mailing Address 7002 YATES FORD ROAD			FEC Identification Number C	
City MANASSAS	State VA	Zip Code 20111	Transaction ID : <b>SB28A.150487</b>	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 50.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WATERMAN, JUDTIH, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2016	
Mailing Address 1142 PAPER FIG COURT			FEC Identification Number C	
City SANIBEL	State FL	Zip Code 33957	Transaction ID : <b>SB28A.150490</b>	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Amount of Each Disbursement this Period 1500.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 6650.00

Total This Period (last page this line number only)..... 6650.00

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

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

FOR LINE NUMBER:  11  
 12

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

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

Nature of Debt (Purpose):  
**FUNDRAISING CONSULTING**

Mailing Address **317 15TH STREET NE**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20002**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137419**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
**TELEMARKETING AND DATA**

Mailing Address **7300 HUDSON BLVD #270**

City  
**SAINT PAUL**

State  
**MN**

Zip Code  
**55128**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137421**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
**FIELD CONSULTING**

Mailing Address **300 HICKORY LANE**

City  
**MAULDIN**

State  
**SC**

Zip Code  
**29662**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137424**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

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

FOR LINE NUMBER:  11  
 12

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

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

Nature of Debt (Purpose):  
 EVENT CONSULTING

Mailing Address 1919 M STREET NW #200

City  
 WASHINGTON

State  
 DC

Zip Code  
 20036

Outstanding Balance Beginning This Period

19188.76

Transaction ID : SD12.137425

Amount Incurred This Period

0.00

Payment This Period

19188.76

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):  
 LEGAL CONSULTING

Mailing Address PO BOX 7805, BEN FRANKLIN STATION

City  
 WASHINGTON

State  
 DC

Zip Code  
 20044

Outstanding Balance Beginning This Period

52290.75

Transaction ID : SD12.137430

Amount Incurred This Period

0.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

42290.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JUST WIN STRATEGIES**

Nature of Debt (Purpose):  
 FIELD CONSULTING

Mailing Address PO BOX 2561

City  
 ALEXANDRIA

State  
 VA

Zip Code  
 22301

Outstanding Balance Beginning This Period

4955.42

Transaction ID : SD12.137431

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4955.42

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

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

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

FOR LINE NUMBER:  11  
 12

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

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

Nature of Debt (Purpose):  
 COMMUNICATIONS CONSULTING

Mailing Address 11309 BAROQUE ROAD

City SILVER SPRING	State MD	Zip Code 20901
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Outstanding Balance Beginning This Period

Transaction ID : SD12.4125

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Mailing Address 403 N SECOND STREET, 2ND FL

City HARRISBURG	State PA	Zip Code 17101
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Outstanding Balance Beginning This Period

Transaction ID : SD12.137442

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
 EVENT STAGING EXPENSE

Mailing Address 1851 SOUTH CLUB DRIVE

City HYATTSVILLE	State MD	Zip Code 20785
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Outstanding Balance Beginning This Period

Transaction ID : SD12.4115

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- |  |                                       |
|--|---------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="43500.00"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text"/>                  |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....                           | <input type="text"/>                  |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text"/>                  |



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

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

FOR LINE NUMBER:  11  
 12

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

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

Nature of Debt (Purpose):  
 WEB DEVELOPMENT

Mailing Address 3 CIRCLE DRIVE

City  
 CARMEL

State  
 IN

Zip Code  
 46032

Outstanding Balance Beginning This Period

Transaction ID : SD12.137448

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**PROSPECT STRATEGIC COMMUNICATIONS LLC**

Nature of Debt (Purpose):  
 COMMUNICATIONS CONSULTING

Mailing Address PO BOX 17079

City  
 ARLINGTON

State  
 VA

Zip Code  
 22216

Outstanding Balance Beginning This Period

Transaction ID : SD12.137451

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

Mailing Address PO BOX 254

City  
 DUBLIN

State  
 NH

Zip Code  
 03444

Outstanding Balance Beginning This Period

Transaction ID : SD12.137454

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

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

FOR LINE NUMBER:  11  
 12

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

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

Nature of Debt (Purpose):  
 VIDEO PRODUCTION SERVICES

Mailing Address PO BOX 25122

City  
 ALEXANDRIA

State  
 VA

Zip Code  
 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137456

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
 COMMUNICATIONS CONSULTING

Mailing Address 122 S PATRICK STREET

City  
 ALEXANDRIA

State  
 VA

Zip Code  
 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137457

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Mailing Address 717 KING STREET #205

City  
 ALEXANDRIA

State  
 VA

Zip Code  
 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137459

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

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

FOR LINE NUMBER:  11  
 12

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

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

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

Mailing Address 2800 SHIRLINGTON ROAD  
 9TH FLOOR

City ARLINGTON State VA Zip Code 22206

Outstanding Balance Beginning This Period

50000.00

Transaction ID : SD12.137460

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

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

Nature of Debt (Purpose):  
 FUNDRAISING CONSULTING

Mailing Address 38 LAKEWOOD DRIVE

City DENVILLE State NJ Zip Code 07834

Outstanding Balance Beginning This Period

3838.28

Transaction ID : SD12.137465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3838.28

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	53838.28
2) <b>TOTALS</b> This Period (last page this line number only) .....	381971.80
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	381971.80