



**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="2014"/>		<input type="text" value="1152918.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="873982.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="662566.00"/>	<input type="text" value="3291571.60"/>
(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="1536548.29"/>	<input type="text" value="4444490.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="777449.63"/>	<input type="text" value="3685391.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="759098.66"/>	<input type="text" value="759098.66"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	168360.53	896352.53
(ii) Unitemized .....	299348.65	1574939.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	467709.18	2471292.05
(b) Political Party Committees .....	300.00	376650.00
(c) Other Political Committees (such as PACs).....	20500.00	162300.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	488509.18	3010242.05
12. Transfers From Affiliated/Other Party Committees.....	161100.00	257150.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1000.00	6590.32
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5232.41
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	400.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	11956.82	11956.82
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	11956.82	11956.82
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	662566.00	3291571.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	650609.18	3279614.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	2110.03	2110.03
(ii) Non-Federal Share.....	11956.82	11956.82
(b) Other Federal Operating Expenditures .....	642053.00	2446364.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	656119.85	2460431.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	15035.00	25235.00
(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)).....	15035.00	25235.00
29. Other Disbursements .....	0.00	111072.55
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 .....	106294.78	1088653.06
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	106294.78	1088653.06
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	777449.63	3685391.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	765492.81	3673435.01



**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) .....	488509.18	3010242.05
34. Total Contribution Refunds (from Line 28(d)) .....	15035.00	25235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	473474.18	2985007.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	644163.03	2448474.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1000.00	6590.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	643163.03	2441884.08

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

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

FOR LINE NUMBER: PAGE 6 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. RIBBLE FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7200  
 City State Zip Code  
 APPLETON WI 54912-7069  
 FEC ID number of contributing federal political committee. **C** C00463620  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.948275**  
 Amount of Each Receipt this Period  
 30000.00  
 CONTRIBUTION

**B. ROBERT JOHN ABRAMOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9253 SPINDLE TOP CT  
 City State Zip Code  
 FRANKLIN WI 53132-1963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NEWTEK BUSINESS SERVICES RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.943897**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MARGARET ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8240 HEALY DR  
 City State Zip Code  
 MOBILE AL 36695-4919  
 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.935344**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 323
	<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**

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

Mailing Address 8240 HEALY DR

City MOBILE	State AL	Zip Code 36695-4919
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11.942837**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 8240 HEALY DR

City MOBILE	State AL	Zip Code 36695-4919
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11.943992**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 51 BROOKSIDE BOULEVARD

City WEST HARTFORD	State CT	Zip Code 06107-1108
-----------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

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  
 09 / 23 / 2014

**Transaction ID : SA11.941820**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 323  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JANET ALFONSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6402 SHARPSBURG DRIVE  
 City MADISON State WI Zip Code 53718-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : SA11.937482**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. JANET ALFONSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6402 SHARPSBURG DRIVE  
 City MADISON State WI Zip Code 53718-3160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : SA11.942095**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. MS. RUTH E. ALT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 W CLOVERNOOK LANE  
 City GLENDALE State WI Zip Code 53217-4122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KORTHAUSER AND SONS Occupation GROWER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 03 / 2014  
**Transaction ID : SA11.936769**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 323  
(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. MS. RUTH E. ALT**

Mailing Address **810 W CLOVERNOOK LANE**

City State Zip Code  
**GLENDALE WI 53217-4122**

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

Name of Employer Occupation  
**KORTHAUSER AND SONS GROWER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11.943595**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **18 BLOSSON TREE DRIVE**

City State Zip Code  
**SHREWSBURY MA 01545-6232**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 19 / 2014**

**Transaction ID : SA11.942133**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

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

Mailing Address **1302 24TH ST W #329**

City State Zip Code  
**BILLINGS MT 59102-3861**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**09 / 03 / 2014**

**Transaction ID : SA11.935469**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 323  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 1302 24TH ST W #329

City State Zip Code  
BILLINGS MT 59102-3861

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11.940731**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1220 CUSTER COURT

City State Zip Code  
NORTH PLATTE NE 69101-6313

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

Name of Employer Occupation  
SELF EMPLOYED SECRETARY

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  
 09 / 22 / 2014  
**Transaction ID : SA11.942742**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. VIOLET JEAN ANDERSON**

Mailing Address 5700 CAMBRIDGE CIRCLE BUILDING 16

City State Zip Code  
MOUNT PLEASANT WI 53406-2858

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 ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936672**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 11 OF 323  
(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. PAUL J. APPELT**

Mailing Address **N9225 HILCREST ROAD**

City **BELLEVILLE**      State **WI**      Zip Code **53508-8911**

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

Name of Employer **ECI**      Occupation **CONSULTANT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 30 / 2014**  
**Transaction ID : SA11.943552**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **108 MALIN STREET**

City **GENOA**      State **WI**      Zip Code **54632-8875**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**09 / 11 / 2014**  
**Transaction ID : SA11.936952**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

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

Mailing Address **1903 39TH ST**

City **KENOSHA**      State **WI**      Zip Code **53140-5331**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 22 / 2014**  
**Transaction ID : SA11.942212**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 12 OF 323  
(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. MS. JUDY ARMSTRONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1903 39TH ST  
 City State Zip Code  
 KENOSHA WI 53140-5331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943544**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MERIT ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2451 E VISTA WAY  
 City State Zip Code  
 VISTA CA 92084-1905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 R F PARTS COMPANY ENGINEER  
 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  
 09 / 22 / 2014  
**Transaction ID : SA11.942124**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. WILLIS ASHBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7100 E PRENTICE AVENUE  
 City State Zip Code  
 GREENWOOD VILLAGE CO 80111-1650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943382**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 13 OF 323  
(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. JUDITH ATKINSON**

Mailing Address **N7856 CARVER SCHOOL ROAD**

City **EAST TROY** State **WI** Zip Code **53120-2539**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
**09 / 03 / 2014**  
**Transaction ID : SA11.936837**

Amount of Each Receipt this Period  
**140.00**

CONTRIBUTION

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

Mailing Address **S82W15980 BASS BAY LN**

City **MUSKEGO** State **WI** Zip Code **53150-9794**

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

Name of Employer **Bailey and Associates** Occupation **ENGINEER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 17 / 2014**  
**Transaction ID : SA11.941092**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

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

Mailing Address **1331 EAST HECLA DRIVE, UNIT B2**

City **LOUISVILLE** State **CO** Zip Code **80027-2348**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.939981**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **690.00**

**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 14 OF 323  
(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)  
**A. ELLIOT BAKER**

Mailing Address **6755 N. LOCKWOOD AVE.**

City <b>LINCOLNWOOD</b>	State <b>IL</b>	Zip Code <b>60712-3106</b>
----------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**09 / 22 / 2014**

**Transaction ID : SA11.942464**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. JOYCE I. BANT**

Mailing Address **6937 US HWY 51**

City <b>HAZELHURST</b>	State <b>WI</b>	Zip Code <b>54531-9652</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  
**09 / 25 / 2014**

**Transaction ID : SA11.943955**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **502 W WALTERS ST**

City <b>PORT WASHINGTON</b>	State <b>WI</b>	Zip Code <b>53074-1430</b>
--------------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 15 / 2014**

**Transaction ID : SA11.940426**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1300.00</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 15 OF 323  
(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. DIANE C. BARNES**

Mailing Address 1 MCKNIGHT PL. APT. 256

City SAINT LOUIS      State MO      Zip Code 63124-1983

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORT      Occupation INFORMATION REQUESTED PER BEST EFFORT

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  
 09 / 26 / 2014  
**Transaction ID : SA11.942107**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 165 CHRISTOPHER STREET APT 6 CC  
APT 6 CC

City NEW YORK      State NY      Zip Code 10014-2803

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936813**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 165 CHRISTOPHER STREET APT 6 CC  
APT 6 CC

City NEW YORK      State NY      Zip Code 10014-2803

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.941621**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 323  
(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. JOHN H. BARRETTE**

Mailing Address 930 25TH PLACE

City State Zip Code  
WISCONSIN RAPIDS WI 54494-3199

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939907**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 2409 10TH AVENUE 225

City State Zip Code  
SOUTH MILWAUKEE WI 53172-2577

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 ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939815**

Amount of Each Receipt this Period  
70.00

CONTRIBUTION

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

Mailing Address 604 CLIFFGATE LANE

City State Zip Code  
CASTLE ROCK CO 80108-8395

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

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  
 09 / 29 / 2014  
**Transaction ID : SA11.944047**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 323
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	<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)  
**A. MR. FRANK J. BAUS**

Mailing Address 5518 FORK RD

City HARTFORD State WI Zip Code 53027-9441

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

Name of Employer FRANKEN MACHINING, LLC Occupation SELF EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11.938002**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRANK J. BAUS**

Mailing Address 5518 FORK RD

City HARTFORD State WI Zip Code 53027-9441

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

Name of Employer FRANKEN MACHINING, LLC Occupation SELF EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11.943458**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address N1898 BRADLEY ROAD

City POYNETTE State WI Zip Code 53955-8626

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 09 / 2014**

**Transaction ID : SA11.937608**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 323
	<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)  
**A. JAMES R. BECKER**

Mailing Address **5830 N SUNNY POINT ROAD**

City **MILWAUKEE** State **WI** Zip Code **53209-4428**

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

Name of Employer **SELF EMPLOYED** Occupation **PRIVATE INVESTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 12 / 2014**  
**Transaction ID : SA11.939265**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

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

Mailing Address **1200 CONCORD AVENUE**

City **CONCORD** State **CA** Zip Code **94520-4915**

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

Name of Employer **BEDINGER AND COMPANY** Occupation **CPA**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt  
**09 / 30 / 2014**  
**Transaction ID : SA11.943485**

Amount of Each Receipt this Period  
**210.00**

CONTRIBUTION

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

Mailing Address **N6101 OAKLAND HILLS ROAD**

City **NASHOTAH** State **WI** Zip Code **53058-9731**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 05 / 2014**  
**Transaction ID : SA11.948397**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **660.00**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 323  
(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. ROBERT BELANSEN**

Mailing Address 1057 BEACH AVENUE

City State Zip Code  
CAPE MAY NJ 08204-1613

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939464**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. KATHY P. BELGEA MD**

Mailing Address C1386 FUR FOOD ROADQ

City State Zip Code  
STRATFORD WI 54484-

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 ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.937324**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 2813 12TH STREET

City State Zip Code  
TWO RIVERS WI 54241-3311

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : SA11.941629**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 323  
(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)  
**A. RICHARD BENNET**

Mailing Address 1694 E HAYDEN AVE

City HAYDEN LAKE State ID Zip Code 83835-9524

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.941250**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

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

Mailing Address N1693 BOULDER COURT

City LA CROSSE State WI Zip Code 54601-2592

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : SA11.938531**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

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

Mailing Address N1693 BOULDER COURT

City LA CROSSE State WI Zip Code 54601-2592

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : SA11.938635**

Amount of Each Receipt this Period 125.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

**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 21 OF 323  
(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. THOMAS H. BENTLEY III**

Mailing Address 4080 N PORT WASHINGTON ROAD

City State Zip Code  
MILWAUKEE WI 53212-1132

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

Name of Employer Occupation  
BENTLEY WORLD PACKAGING OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.942347**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 914 SALLY'S ALLEY N

City State Zip Code  
HUDSON WI 54016-1176

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 ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936763**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 3720 GLEN CREST COURT

City State Zip Code  
EAU CLAIRE WI 54701-5615

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC UNKNOWN

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  
 09 / 03 / 2014  
**Transaction ID : SA11.936312**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 323
	<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**

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

Mailing Address 35 PORTMAN ROAD

City NEW ROCHELLE	State NY	Zip Code 10801-2104
----------------------	-------------	------------------------

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

Name of Employer BERGASSI GROUP, LLC	Occupation MANAGER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11.943551**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

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

Mailing Address W6470 INDIAN MOUND ROAD

City ADELL	State WI	Zip Code 53001-1513
---------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2014

**Transaction ID : SA11.938421**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

Mailing Address 1024 BRIARWOOD LN

City FOND DU LAC	State WI	Zip Code 54935-6366
---------------------	-------------	------------------------

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

Name of Employer ARIMON TECHNOLOGIES INC	Occupation MANAGER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2014

**Transaction ID : SA11.940321**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1525.00
<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 23 OF 323  
(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. TIMOTHY J. BITTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5929 W WASHINGTON BOULEVARD APT 2  
 City State Zip Code  
 MILWAUKEE WI 53208-1676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TIM BITTERS PROPERTY MAINTENANCE CO OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 465.00

Date of Receipt  
 09 / 11 / 2014  
**Transaction ID : SA11.936964**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**B. ROBERT BLANCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19618 76TH AVE NE  
 City State Zip Code  
 KENMORE WA 98028-2070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING PAINTER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 09 / 23 / 2014  
**Transaction ID : SA11.942131**  
 Amount of Each Receipt this Period  
 55.00  
 CONTRIBUTION

**C. ROBERT BLANCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19618 76TH AVE NE  
 City State Zip Code  
 KENMORE WA 98028-2070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEING PAINTER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.943535**  
 Amount of Each Receipt this Period  
 80.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 323  
(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. JACK M. BLANK**

Mailing Address **8220 HARWOOD AVENUE, APT 604**

City State Zip Code  
**MILWAUKEE WI 53213-2575**

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

Name of Employer Occupation  
**CREATIVE DESIGN NETWORK DESIGNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : SA11.939909**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

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

Mailing Address **S5240 DAMAR PRIVATE DRIVE**

City State Zip Code  
**EAU CLAIRE WI 54701-9974**

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 ▼  
**390.00**

Date of Receipt  
**09 / 29 / 2014**

**Transaction ID : SA11.943412**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **E2480 QUAIL RUN**

City State Zip Code  
**EAU CLAIRE WI 54701-9451**

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 ▼  
**500.00**

Date of Receipt  
**09 / 02 / 2014**

**Transaction ID : SA11.936558**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **450.00**

**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 25 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. JACK W. BOETTCHER**  
 Mailing Address 13855 ELIZABETH COURT  
 City State Zip Code  
 NEW BERLIN WI 53151-8021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOETTCHER Associates VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939280**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DAVID T. BOHLMAN**  
 Mailing Address 5815 AMERICAN PARKWAY; APT 316  
 City State Zip Code  
 MADISON WI 53718-8352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11.943553**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PETER BOURBEAU**  
 Mailing Address 430 VILLAGE PLACE APT 100  
 City State Zip Code  
 LONGWOOD FL 32779-5974  
 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 ▼  
 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.939364**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 323
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **26913 DIAMONDHEAD LANE**

City <b>RANCHO PALOS VERDES</b>	State <b>CA</b>	Zip Code <b>90275-3726</b>
------------------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11.943500**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. FREDERICK M. BOWES II**

Mailing Address **705 WOODLAND ROAD**

City <b>KOHLER</b>	State <b>WI</b>	Zip Code <b>53044-1223</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>WISCONSIN ADVISORS, LLC</b>	Occupation <b>CONSULTANT</b>
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	09	/	2014

**Transaction ID : SA11.937702**

Amount of Each Receipt this Period  

300.00
--------

**CONTRIBUTION**

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

Mailing Address **P.O. BOX 1147**

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32302-1147</b>
----------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	12	/	2014

**Transaction ID : SA11.939735**

Amount of Each Receipt this Period  

260.00
--------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>660.00</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 27 OF 323  
(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. MR. WILLIAM O. BRACHMAN**

Mailing Address 10101 CEDAR CREEK ROAD

City State Zip Code  
CEDARBURG WI 53012-9757

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

Name of Employer Occupation  
SELF SELF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.943944**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. HENRY H. BRADLEY JR.**

Mailing Address 8033 14TH AVE NE

City State Zip Code  
SEATTLE WA 98115-4328

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : SA11.941750**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. DOROTHY M. BRICE**

Mailing Address 2170 JEN RAE ROAD

City State Zip Code  
GREEN BAY WI 54311-6348

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.942057**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 28 OF 323  
(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. DAN J. BROWN**

Mailing Address **6318 WOODMAN DRIVE**

City **OROVILLE** State **CA** Zip Code **95966-3844**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
**09 / 03 / 2014**  
**Transaction ID : SA11.936805**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

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

Mailing Address **6318 WOODMAN DRIVE**

City **OROVILLE** State **CA** Zip Code **95966-3844**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.939163**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **6318 WOODMAN DRIVE**

City **OROVILLE** State **CA** Zip Code **95966-3844**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
**09 / 30 / 2014**  
**Transaction ID : SA11.943517**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

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



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

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

FOR LINE NUMBER: PAGE 29 OF 323  
(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. FRED E. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 684  
 City State Zip Code  
 CLYDE TX 79510-0684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SA11.936792**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. GEORGE R. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26291 MIRA WAY  
 City State Zip Code  
 BONITA SPRINGS FL 34134-1638  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941343**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. KURT BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 233  
 City State Zip Code  
 PARK FALLS WI 54552-0233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936737**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 30 OF 323  
(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. KURT BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 233

City PARK FALLS	State WI	Zip Code 54552-0233
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
09 / 16 / 2014  
**Transaction ID : SA11.939592**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B. PAUL G. BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29710 NIAGARA COURT

City ENGLEWOOD	State FL	Zip Code 34223-3971
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt  
09 / 03 / 2014  
**Transaction ID : SA11.936697**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

**C. PAUL G. BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29710 NIAGARA COURT

City ENGLEWOOD	State FL	Zip Code 34223-3971
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : SA11.940243**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<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 31 OF 323
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address P.O. BOX 756

City OSCEOLA State WI Zip Code 54020-0756

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
09 / 11 / 2014  
Transaction ID : SA11.937989

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 8721 E BEBE ROAD

City SOLON SPRINGS State WI Zip Code 54873-8122

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 12 / 2014  
Transaction ID : SA11.939682

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 5 PARTRIDGE HOLLOW RD

City GREENWICH State CT Zip Code 06831-2662

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 05 / 2014  
Transaction ID : SA11.937758

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. BERTIL E. BRUNK**  
 Mailing Address W3885 CREEK LANE  
 City State Zip Code  
 LAKE GENEVA WI 53147-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BRUNK INDUSTRIES, INC OWNER, PRESIDENT & CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.942213**  
 Amount of Each Receipt this Period  
 450.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ANDREA W. BRYANT**  
 Mailing Address 108 N BARSTOW STREET  
 City State Zip Code  
 WAUKESHA WI 53186-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.940441**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PAMELA BURCHARD**  
 Mailing Address 15 FALLING LEAF DRIVE  
 City State Zip Code  
 TRAVELERS REST SC 29690-7201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC FAMILY PHYSICIAN  
 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  
 09 / 16 / 2014  
**Transaction ID : SA11.940107**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00  
**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 33 OF 323
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. DORCAS BURLINGAME</b>		Date of Receipt
Mailing Address P.O. BOX 146		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAYNER	WI	54560-0146
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.935608</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KENNETH W. BURNETT</b>		Date of Receipt
Mailing Address 550 OLD WAGON ROAD		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
SEYMOUR	TN	37865-4906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.936799</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFFORTS	FARMER	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="215.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BARBARA CAINE</b>		Date of Receipt
Mailing Address P.O. BOX 376		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
LOWELL	WI	53557-0376
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.938524</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFFORTS	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
<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: PAGE 34 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. ROBERT CARNIGHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13316 WESTBURY WAY  
 City State Zip Code  
 GOSHEN KY 40026-8421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936797**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. ANNE CARPENTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12494 N ROYAL LANE  
 City State Zip Code  
 THIENSVILLE WI 53092-8554  
 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 ▼  
 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11.939687**  
 Amount of Each Receipt this Period  
 350.00  
 CONTRIBUTION

**C. EUGENE CARR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 18TH AVE S  
 City State Zip Code  
 NAPLES FL 34102-7542  
 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 ▼  
 485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.935347**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 323  
(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. EUGENE CARR**

Mailing Address 875 18TH AVE S

City State Zip Code  
NAPLES FL 34102-7542

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 ▼  
485.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.938269**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

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

Mailing Address 1221 TENNY AVENUE

City State Zip Code  
WAUKESHA WI 53186-6650

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 ▼  
470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.937612**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EVERETT R. CASTLE JR.**

Mailing Address 6157 E SUNNY DRIVE

City State Zip Code  
TUCSON AZ 85712-2339

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

Name of Employer Occupation  
SELF EMPLOYED DOCTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.941623**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00

**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 37 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. HAROLD CHARLIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2128 BROKEN HILL RD  
 City State Zip Code  
 WAUKESHA WI 53188-7512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NATIONAL SURVEY RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936598**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. ROBERT CHARTIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3607 S 14TH ST  
 City State Zip Code  
 ALEXANDRIA VA 22302-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.938740**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. HARRY CHATFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1645 LAKES PKWY STE E  
 City State Zip Code  
 LAWRENCEVILLE GA 30043-5898  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.938471**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 38 OF 323  
(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. DICEY S. CHILDERS**

Mailing Address **8517 JOY ROAD**

City **BLOUNTSVILLE** State **AL** Zip Code **35031-4489**

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

Name of Employer **THE ALABASTER BOX** Occupation **OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt  
**09 / 22 / 2014**  
**Transaction ID : SA11.942745**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **8517 JOY ROAD**

City **BLOUNTSVILLE** State **AL** Zip Code **35031-4489**

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

Name of Employer **THE ALABASTER BOX** Occupation **OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt  
**09 / 22 / 2014**  
**Transaction ID : SA11.942985**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

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

Mailing Address **P.O. BOX 12**

City **WINFIELD** State **IA** Zip Code **52659-0012**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  
**09 / 19 / 2014**  
**Transaction ID : SA11.942709**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.00**

**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 39 OF 323
	<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**

**A. R CHRISINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 12

City WINFIELD	State IA	Zip Code 52659-0012
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF EMPLOYED	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : SA11.942895**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. THOMAS CHRISTIE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17750 MARSEILLE DR

City BROOKFIELD	State WI	Zip Code 53045-5020
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
09 / 10 / 2014  
**Transaction ID : SA11.937828**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. MRS. NANCY M. CHUNG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 918 CAMP FIRE DRIVE

City SUN PRAIRIE	State WI	Zip Code 53590-2402
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
09 / 22 / 2014  
**Transaction ID : SA11.942401**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 40 OF 323  
(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. MICHAEL CIOS**

Mailing Address **625 WEST HUNTINGTON COMMONS ROAD**

City State Zip Code  
**MOUNT PROSPECT IL 60056-5252**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11.943360**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **1410 BLUE RIDGE**

City State Zip Code  
**WAUNAKEE WI 53597-2373**

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

Name of Employer Occupation  
**CLACK CORP MANAGER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**09 / 22 / 2014**

**Transaction ID : SA11.943149**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WALTER H. CLAIBORNE III**

Mailing Address **14217 CLAIBORNE ROAD**

City State Zip Code  
**BATCHELOR LA 70715-3514**

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

Name of Employer Occupation  
**SELF EMPLOYED REAL ESTATE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**720.00**

Date of Receipt  
**09 / 03 / 2014**

**Transaction ID : SA11.936814**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **1300.00**

**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 42 OF 323  
(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. ELEANOR COBB**

Mailing Address **131 S VISTA STREET**

City State Zip Code  
**LOS ANGELES CA 90036-2707**

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 ▼  
**650.00**

Date of Receipt  
**09 / 22 / 2014**

**Transaction ID : SA11.942120**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **2850 TARA HILLS DRIVE**

City State Zip Code  
**SAN PABLO CA 94806-1457**

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

Name of Employer Occupation  
**ADACHI FLORIST FLOWER DESIGNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt  
**09 / 22 / 2014**

**Transaction ID : SA11.941702**

Amount of Each Receipt this Period  
**45.00**

CONTRIBUTION

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

Mailing Address **3089 BUCK ROAD P.O. BOX 491**

City State Zip Code  
**BRYN ATHYN PA 19009-0491**

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 ▼  
**350.00**

Date of Receipt  
**09 / 16 / 2014**

**Transaction ID : SA11.941411**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **495.00**

**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 43 OF 323
	<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**

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

Mailing Address 304 STALLION PLACE

City BONITA State CA Zip Code 91902-2321

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 03 / 2014  
**Transaction ID : SA11.936748**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

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

Mailing Address 304 STALLION PLACE

City BONITA State CA Zip Code 91902-2321

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11.943405**

Amount of Each Receipt this Period  
160.00

CONTRIBUTION

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

Mailing Address 2025 MEANDER

City PRESCOTT State AZ Zip Code 86305-2163

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 ▼  
285.00

Date of Receipt  
09 / 16 / 2014  
**Transaction ID : SA11.939158**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 44 OF 323  
(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. MICHAEL CONNOR**

Mailing Address 9360 NORTH SPURCE RD

City State Zip Code  
RIVER HILLS WI 53217-1131

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 ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : SA11.938771**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address N5057 PULS ROAD

City State Zip Code  
SHIOCTON WI 54170-9058

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : SA11.943085**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 4910 LAKE MENDOTA DRIVE

City State Zip Code  
MADISON WI 53705-1376

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : SA11.942105**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 45 OF 323  
(check only one)  
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 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. DONALD COONAN**  
 Mailing Address **612 REGENCY CROSSING**  
 City **SOUTHLAKE** State **TX** Zip Code **76092-9502**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**09 / 12 / 2014**  
**Transaction ID : SA11.938087**  
 Amount of Each Receipt this Period  
**600.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. WILLIAM A. COONEY**  
 Mailing Address **12502 SWEET LEAF TERRACE**  
 City **FAIRFAX** State **VA** Zip Code **22033-2461**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 08 / 2014**  
**Transaction ID : SA11.938572**  
 Amount of Each Receipt this Period  
**100.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. GEORGE E. CORT**  
 Mailing Address **16960 WILDWOOD DRIVE**  
 City **MONTROSE** State **CO** Zip Code **81403-9504**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 11 / 2014**  
**Transaction ID : SA11.937124**  
 Amount of Each Receipt this Period  
**150.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **850.00**  
**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 46 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JOHN J COSTELLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 218 LOUIS LN  
 City ENOLA State PA Zip Code 17025-2141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : SA11.938286**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. KAREN E. COWAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2680 HUMBOLDT ROAD, APT 1  
 City GREEN BAY State WI Zip Code 54311-5768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 09 / 18 / 2014  
**Transaction ID : SA11.939132**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. KAREN E. COWAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2680 HUMBOLDT ROAD, APT 1  
 City GREEN BAY State WI Zip Code 54311-5768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : SA11.942058**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

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

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

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

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(check only one)  
 11a     11b     11c     12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. FRANK J. COYNE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 GORWIN DRIVE  
 City HANSON State MA Zip Code 02341-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHAW'S SUPERMARKETS Occupation GROCERY CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : SA11.936816**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. FRANK J. COYNE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 GORWIN DRIVE  
 City HANSON State MA Zip Code 02341-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHAW'S SUPERMARKETS Occupation GROCERY CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 17 / 2014  
**Transaction ID : SA11.940249**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. JOHN W. CRAMER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 KEEL WAY  
 City MASHPEE State MA Zip Code 02649-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.942321**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

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

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

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

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 11a     11b     11c     12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 4414 WOODLAND AVEUE

City State Zip Code  
DULUTH MN 55803-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 15 / 2014**

**Transaction ID : SA11.939367**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address P.O. BOX 791719

City State Zip Code  
PAIA HI 96779-1719

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 ▼ **205.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 25 / 2014**

**Transaction ID : SA11.944172**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address 3205 S ASH ST

City State Zip Code  
PERRYTON TX 79070-5307

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 ▼ **275.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 10 / 2014**

**Transaction ID : SA11.938329**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MR. MELVIN L. DAVIDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4908 ISLE VIEW DRIVE  
 City State Zip Code  
 RHINELANDER WI 54501-2106  
 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 ▼  
 275.00

Date of Receipt  
 09 / 16 / 2014  
**Transaction ID : SA11.939535**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MRS. RUTH A. DEBROUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1940 WOODSIDE LANE  
 City State Zip Code  
 RICHFIELD WI 53076-9793  
 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 ▼  
 270.00

Date of Receipt  
 09 / 25 / 2014  
**Transaction ID : SA11.941808**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

**C. VIRGINIA L. DEKKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 IROQUOIS DRIVE  
 City State Zip Code  
 HENDERSONVILLE NC 28791-1834  
 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 ▼  
 350.00

Date of Receipt  
 09 / 10 / 2014  
**Transaction ID : SA11.937257**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 54894 300TH ST.

City State Zip Code  
AUSTIN MN 55912-6596

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 ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : SA11.937907**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 54894 300TH ST.

City State Zip Code  
AUSTIN MN 55912-6596

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 ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.940053**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 520 PINE RIDGE CT

City State Zip Code  
NEW RICHMOND WI 54017-2243

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

Name of Employer Occupation  
William Derrick Construction Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939744**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **N71W13876 NICOLET COURT**

City **MENOMONEE FALLS** State **WI** Zip Code **53051-5249**

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

Name of Employer **WI DEPT OF TRANS** Occupation **ENGINEERING TECH**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**09 / 03 / 2014**  
**Transaction ID : SA11.936611**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

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

Mailing Address **N71W13876 NICOLET COURT**

City **MENOMONEE FALLS** State **WI** Zip Code **53051-5249**

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

Name of Employer **WI DEPT OF TRANS** Occupation **ENGINEERING TECH**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**09 / 23 / 2014**  
**Transaction ID : SA11.941632**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **223 W ELIZABETH STREET**

City **YORKVILLE** State **IL** Zip Code **60560-1746**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.939356**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

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

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JEAN DIEFENTHALER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5606 COUNTY ROAD EH  
 City ELKHART LAKE State WI Zip Code 53020-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.940471**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. JEAN DIEFENTHALER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5606 COUNTY ROAD EH  
 City ELKHART LAKE State WI Zip Code 53020-1667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : SA11.948342**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. MARY DORAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 579 SOUTHERN OAK CIRCLE  
 City HARTLAND State WI Zip Code 53029-8005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.940865**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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



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

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

FOR LINE NUMBER: PAGE 53 OF 323  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JAMES W. DOTINGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4026 SALT SPRING DRIVE  
 City FERNDALE State WA Zip Code 98248-9538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation APARTMENT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 09 / 22 / 2014  
**Transaction ID : SA11.941709**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. JAMES W. DOTINGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4026 SALT SPRING DRIVE  
 City FERNDALE State WA Zip Code 98248-9538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation APARTMENT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.943493**  
 Amount of Each Receipt this Period 42.00  
 CONTRIBUTION

**C. JOHN P. DRISCOLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 N LAKEVIEW AVE APT. 1905  
 City CHICAGO State IL Zip Code 60614-4871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 18 / 2014  
**Transaction ID : SA11.939145**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 242.00  
**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

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 11a     11b     11c     12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **245 GARFIELD AVENUE**

City **EVANSVILLE**      State **WI**      Zip Code **53536-1009**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 10 / 2014**  
**Transaction ID : SA11.937468**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **30508 SANTA LUNA DR**

City **RANCHO PALOS VERDES**      State **CA**      Zip Code **90275-6318**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**09 / 25 / 2014**  
**Transaction ID : SA11.943860**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **6720 CHURCHILL PARK COURT**

City **CHARLOTTE**      State **NC**      Zip Code **28210-3480**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**09 / 29 / 2014**  
**Transaction ID : SA11.943614**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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

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

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

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<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)  
**A. ALBERT L. EVANS JR.**

Mailing Address **695 RIDGE ROAD**

City <b>ORWIGSBURG</b>	State <b>PA</b>	Zip Code <b>17961-2219</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11.943426**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **1521 N 58TH STREET**

City <b>MILWAUKEE</b>	State <b>WI</b>	Zip Code <b>53208-2137</b>
--------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**09 / 11 / 2014**

**Transaction ID : SA11.937325**

Amount of Each Receipt this Period  
**40.00**

CONTRIBUTION

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

Mailing Address **7341 MILLER DRIVE**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33155-5503</b>
----------------------	--------------------	-------------------------------

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

Name of Employer <b>ARROWMAIL PRESORT</b>	Occupation <b>Business owner</b>
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 09 / 2014**

**Transaction ID : SA11.938081**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>640.00</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 56 OF 323  
(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. PAUL H. FEUCHT**

Mailing Address 14000 EAST LINVALE PLACE; APT 305

City State Zip Code  
AURORA CO 80014-3718

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11.939750**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 3425 VALLEY CREEK CIRCLE

City State Zip Code  
MIDDLETON WI 53562-1991

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11.943288**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 2712 MANORWOOD TRL

City State Zip Code  
FORT WORTH TX 76109-9589

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.938333**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 323
	<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)  
**A. RAYMOND FINK**

Mailing Address P.O. BOX 134

City WILLIAMSTON State MI Zip Code 48895-0134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11.935871**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address P.O. BOX 134

City WILLIAMSTON State MI Zip Code 48895-0134

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11.937716**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

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

Mailing Address 132 NORTH LAYTON DRIVE

City LOS ANGELES State CA Zip Code 90049-2059

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : SA11.942366**

Amount of Each Receipt this Period  
**240.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **440.00**

**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

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(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. ART L. FLAMING**

Mailing Address 5434 TOYON ROAD

City State Zip Code  
SAN DIEGO CA 92115-1017

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 ▼  
405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936636**

Amount of Each Receipt this Period  
105.00

CONTRIBUTION

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

Mailing Address 3333 E BROWN ROAD

City State Zip Code  
NEW CASTLE IN 47362-9325

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

Name of Employer Occupation  
CHRYSLER CORPORATION FACTORY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.942036**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

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

Mailing Address N2405 HILLSIDE ROAD

City State Zip Code  
ANTIGO WI 54409-8865

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 ▼  
310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941281**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 305.00

**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 59 OF 323  
(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. DONALD FRAHM**  
 Mailing Address 7 AVENUE DE LA MER APT 1006  
 City State Zip Code  
 PALM COAST FL 32137-1208  
 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943619**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. MARILYN A. FRALICH**  
 Mailing Address 5605 CAMBRIDGE LANE UNIT 3  
 City State Zip Code  
 MOUNT PLEASANT WI 53406-2889  
 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 ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936730**  
 Amount of Each Receipt this Period  
 60.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DANIEL FRANK**  
 Mailing Address 2211 175TH AVE NW  
 City State Zip Code  
 BALDWIN ND 58521-9732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.938666**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00  
**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 60 OF 323  
(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. JEFFREY G. FRANK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5880 SCENIC DRIVE  
 City WEST BEND State WI Zip Code 53095-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.943446**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. VIRGINIA FROELKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4496 BIG CREEK ROAD  
 City GERALD State MO Zip Code 63037-2616  
 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 ▼  
 435.00

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : SA11.941026**  
 Amount of Each Receipt this Period  
 160.00  
 CONTRIBUTION

**C. VIRGINIA FROELKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4496 BIG CREEK ROAD  
 City GERALD State MO Zip Code 63037-2616  
 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 ▼  
 435.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : SA11.941589**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 460.00  
**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 61 OF 323
	<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)  
**A. ROBERT FUREK**

Mailing Address 1370 CUTLER COURT

City MARCO ISLAND State FL Zip Code 34145-5841

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11.937428**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 1370 CUTLER COURT

City MARCO ISLAND State FL Zip Code 34145-5841

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11.941671**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

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

Mailing Address 715 LINDSAY ROAD

City PEWAUKEE State WI Zip Code 53072-1948

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11.941512**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<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

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(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. MARK GALLISON**

Mailing Address 1212 SYCAMORE STREET

City State Zip Code  
TURLOCK CA 95380-4147

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936822**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 1212 SYCAMORE STREET

City State Zip Code  
TURLOCK CA 95380-4147

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939079**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 1212 SYCAMORE STREET

City State Zip Code  
TURLOCK CA 95380-4147

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943534**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 63 OF 323  
(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. MARK GALLISON**

Mailing Address 1212 SYCAMORE STREET

City State Zip Code  
TURLOCK CA 95380-4147

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943645**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1212 SYCAMORE STREET

City State Zip Code  
TURLOCK CA 95380-4147

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.943933**

Amount of Each Receipt this Period  
180.00

CONTRIBUTION

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

Mailing Address 32046 W TREASURE ISLAND DRIVE

City State Zip Code  
HARTLAND WI 53029-9309

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

Name of Employer Occupation  
Metal Craft of Mayville Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.937035**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1280.00

**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 64 OF 323
	<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)  
**A. CARL GAUSEWITZ**

Mailing Address **2483 WESTBROOK ST SE**

City **MAGNOLIA** State **OH** Zip Code **44643-9705**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
**09 / 24 / 2014**  
**Transaction ID : SA11.941952**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **430 N VINEDO AVENUE**

City **PASADENA** State **CA** Zip Code **91107-2615**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  
**09 / 03 / 2014**  
**Transaction ID : SA11.936539**

Amount of Each Receipt this Period  
**160.00**

CONTRIBUTION

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

Mailing Address **N4311 COUNTY ROAD MM**

City **WAUTOMA** State **WI** Zip Code **54982-5399**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : SA11.943221**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **310.00**

**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 65 OF 323  
(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. LARRY GIEBINK**

Mailing Address 1434 HIAWATHA DRIVE

City State Zip Code  
BEAVER DAM WI 53916-1042

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 ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : SA11.936530**

Amount of Each Receipt this Period  
120.00

CONTRIBUTION

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

Mailing Address 20 FRAMINGHAM LANE

City State Zip Code  
PITTSFORD NY 14534-1048

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.940119**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 95 1089 PAEMOKY PLACE

City State Zip Code  
MILILANI HI 96789-6524

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 ▼  
850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.937263**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00

**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 66 OF 323  
(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. LISE M. GOGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 1089 PAEMOKY PLACE  
 City MILILANI State HI Zip Code 96789-6524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 22 / 2014  
**Transaction ID : SA11.942264**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. PAUL GOODMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99 S SERVICE RD #402  
 City NEW HYDE PARK State NY Zip Code 11040-1071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : SA11.938665**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. PRISCILLA GOODYEAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10042 SIGNET CIRCLE  
 City HUNTINGTON BEACH State CA Zip Code 92646-6631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2014  
**Transaction ID : SA11.942761**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 323
	<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**

**A. CHARLES GORDER SR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5526 TOYON ROAD

City SAN DIEGO	State CA	Zip Code 92115-1020
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>410.00</b>	

Date of Receipt  
**09 / 09 / 2014**  
Transaction ID : **SA11.937429**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**B. FRANK W. GORMAN JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1606 DEDE LANE

City EL PASO	State TX	Zip Code 79902-2201
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>310.00</b>	

Date of Receipt  
**09 / 03 / 2014**  
Transaction ID : **SA11.936845**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**C. THOMAS GOULD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10248 N WESTPORT CIRCLE

City MEQUON	State WI	Zip Code 53092-5739
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Date of Receipt  
**09 / 25 / 2014**  
Transaction ID : **SA11.942027**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</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 68 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JOHN GRANDINETTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 SHORE ROAD  
 City State Zip Code  
 STATEN ISLAND NY 10307-1551  
 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 ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939727**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. JOHN GRAUSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 WAITES LANDING ROAD  
 City State Zip Code  
 FALMOUTH ME 04105-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11.940327**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. CARL M. GRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 NUCLEAR ROAD  
 City State Zip Code  
 MISHICOT WI 54228-9427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.937636**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 330.00  
**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 69 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. WILLIAM W. GREAVES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8851 N BAYSIDE DR  
 City BAYSIDE State WI Zip Code 53217-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ABPM Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 22 / 2014  
**Transaction ID : SA11.942456**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. WARREN GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 765  
 City NEENAH State WI Zip Code 54957-0765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : SA11.940116**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. WILLIAM GRIFFIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 STONER DRIVE  
 City WEST HARTFORD State CT Zip Code 06107-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.941821**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 70 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. HARRY GRISWOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 885  
 City WEST SALEM State WI Zip Code 54669-0885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : SA11.936340**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. HARRY GRISWOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 885  
 City WEST SALEM State WI Zip Code 54669-0885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.944146**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. CARL GROEPLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 RITCHIE DRIVE  
 City YONKERS State NY Zip Code 10705-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.937264**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 323
	<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**

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

Mailing Address 157 RITCHIE DRIVE

City YONKERS State NY Zip Code 10705-4516

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.940247**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 157 RITCHIE DRIVE

City YONKERS State NY Zip Code 10705-4516

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943526**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

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

Mailing Address 7806 DASSETT COURT APT T2

City ANNANDALE State VA Zip Code 22003-4809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.943900**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<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 72 OF 323  
(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. KENNETH W GROTHMANN**

Mailing Address **W337S5059 ROAD GG**

City **DOUSMAN** State **WI** Zip Code **53118-9733**

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

Name of Employer **AMERICAN ENTERTAINMENT** Occupation **BUSINESS OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3250.00**

Date of Receipt  
**09 / 25 / 2014**  
**Transaction ID : SA11.943109**

Amount of Each Receipt this Period  
**3000.00**

**CONTRIBUTION**

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

Mailing Address **18145 COOPERS LN**

City **BROOKFIELD** State **WI** Zip Code **53045-6650**

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

Name of Employer **XACT WIRE EDM CORP** Occupation **MANAGER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 15 / 2014**  
**Transaction ID : SA11.941056**

Amount of Each Receipt this Period  
**250.00**

**CONTRIBUTION**

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

Mailing Address **12114 E BRADFORD TOWN HALL ROAD**

City **DARIEN** State **WI** Zip Code **53114-1115**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.941160**

Amount of Each Receipt this Period  
**200.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3450.00**

**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 73 OF 323
	<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)  
**A. BERNADETTE HAAS**

Mailing Address P.O. BOX 50

City LAKE FOREST State IL Zip Code 60045-0050

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : SA11.942781**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

Mailing Address 1381 GOLDEN RAIN RD. APT 21G

City SEAL BEACH State CA Zip Code 90740-4830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11.941396**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address 221 NORTH BOULEVARD

City SALISBURY State MD Zip Code 21801-6217

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11.936699**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</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: (check only one)	PAGE 74 OF 323
	<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**

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

Mailing Address 1100 FOUNTAIN HILLS DRIVE APT 234

City	State	Zip Code
MOUNT PLEASANT	WI	53406-3786

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 ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939677**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

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

Mailing Address P.O. BOX 728

City	State	Zip Code
ELIZABETHTOWN	KY	42702-0728

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 ▼  
410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936817**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 125 W WHITE OAK WAY

City	State	Zip Code
THIENSVILLE	WI	53092-6244

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939790**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<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 75 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JAMES HANCOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12330 SCARCELLA LN  
 City STAFFORD State TX Zip Code 77477-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSULTING GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.90

Date of Receipt  
 09 / 02 / 2014  
**Transaction ID : SA11.936212**  
 Amount of Each Receipt this Period 26.14  
 CONTRIBUTION

**B. JAMES HANCOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12330 SCARCELLA LN  
 City STAFFORD State TX Zip Code 77477-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CONSULTING GEOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.90

Date of Receipt  
 09 / 25 / 2014  
**Transaction ID : SA11.944170**  
 Amount of Each Receipt this Period 30.30  
 CONTRIBUTION

**C. MR. LEWIS P. HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W51N602 CEDAR RESERVE CIRCLE  
 City CEDARBURG State WI Zip Code 53012-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : SA11.939234**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 306.44  
**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 76 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MR. LEWIS P. HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W51N602 CEDAR RESERVE CIRCLE  
 City CEDARBURG State WI Zip Code 53012-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 05 / 2014  
**Transaction ID : SA11.948323**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. ANGELINE J. HARING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 ALEXANDER RD W  
 City BELLVILLE State OH Zip Code 44813-8900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 05 / 2014  
**Transaction ID : SA11.938774**  
 Amount of Each Receipt this Period 55.00  
 CONTRIBUTION

**C. DONALD HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1812 NAVY ST  
 City SANTA MONICA State CA Zip Code 90405-5944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : SA11.938458**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 555.00  
**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 77 OF 323  
(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. STEPHEN HARRIS**

Mailing Address **2575 S PARKSIDE CT**

City **NEW BERLIN**      State **WI**      Zip Code **53151-2955**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 24 / 2014**

**Transaction ID : SA11.942765**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **861 HAWTHORNE CIR**

City **LOMBARD**      State **IL**      Zip Code **60148-3636**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 16 / 2014**

**Transaction ID : SA11.941390**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **219 LABURNUM DRIVE**

City **SAN ANTONIO**      State **TX**      Zip Code **78209-2123**

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

Name of Employer      Occupation  
**FRONTIER ENTERPRISES**      **CHAIRMAN**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 23 / 2014**

**Transaction ID : SA11.941762**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**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 78 OF 323  
(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. TWUKASA HATAKEYAMA**

Mailing Address **285 OXFORD STREET APT 2 B**  
**APT 2 B**

City **ROCHESTER** State **NY** Zip Code **14607-2774**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**09 / 03 / 2014**  
**Transaction ID : SA11.936847**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **429 AVENUE T**

City **BROOKLYN** State **NY** Zip Code **11223-4001**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  
**09 / 23 / 2014**  
**Transaction ID : SA11.941814**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **S79 W26855 WILTON ROAD**

City **EAGLE** State **WI** Zip Code **53119-**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**09 / 23 / 2014**  
**Transaction ID : SA11.942908**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **850.00**

**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 79 OF 323
	<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)  
**A. ROGER F. HEILERT**

Mailing Address **N39 W23401 BROKEN HILL CIRCLE N**

City <b>PEWAUKEE</b>	State <b>WI</b>	Zip Code <b>53072-2762</b>
-------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		23		2014

**Transaction ID : SA11.942642**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

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

Mailing Address **1416 KINGS LYNN RD**

City <b>STOUGHTON</b>	State <b>WI</b>	Zip Code <b>53589-4906</b>
--------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		03		2014

**Transaction ID : SA11.935819**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

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

Mailing Address **2430 OCEAN VIEW AVENUE APT 301**

City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90057-1884</b>
----------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		17		2014

**Transaction ID : SA11.941049**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</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: (check only one)	PAGE 80 OF 323
	<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**

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

Mailing Address **6 HILLCREST AVENUE**

City **SUMMIT** State **NJ** Zip Code **07901-2026**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 /  /   
**09 / 08 / 2014**

**Transaction ID : SA11.938562**

Amount of Each Receipt this Period  
 **50.00**

CONTRIBUTION

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

Mailing Address **212 REED AVENUE**

City **MANITOWOC** State **WI** Zip Code **54220-2019**

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

Name of Employer **ECK INDUSTRIES, INC** Occupation **MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 /  /   
**09 / 18 / 2014**

**Transaction ID : SA11.940904**

Amount of Each Receipt this Period  
 **100.00**

CONTRIBUTION

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

Mailing Address **3635 NORTH TUCKER PLACE, APT 103**

City **MILWAUKEE** State **WI** Zip Code **53222-2701**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  
 /  /   
**09 / 12 / 2014**

**Transaction ID : SA11.939560**

Amount of Each Receipt this Period  
 **30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**

**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 81 OF 323  
(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)  
**A. JESSIE J. HILL**

Mailing Address 1924 W ASHBURY LANE

City State Zip Code  
INVERNESS IL 60067-4796

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : SA11.940245**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

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

Mailing Address 22455 COUNTY ROAD M

City State Zip Code  
GRANTSBURG WI 54840-8016

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 ▼  
405.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2014

**Transaction ID : SA11.936780**

Amount of Each Receipt this Period  
105.00

CONTRIBUTION

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

Mailing Address 8 JACKSON POND RD

City State Zip Code  
DEDHAM MA 02026-5524

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2014

**Transaction ID : SA11.937979**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 755.00

**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 82 OF 323  
(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. RICHARD HINGISS**

Mailing Address 117 N 74TH ST

City State Zip Code  
MILWAUKEE WI 53213-3626

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941292**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 308 MAPLE GROVE COURT

City State Zip Code  
CANTON GA 30114-9787

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : SA11.938574**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

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

Mailing Address 12480 GREEN MEADOW PLACE

City State Zip Code  
ELM GROVE WI 53122-1931

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

Name of Employer Occupation  
MEDICAL COLLEGE OF WISCONSIN PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.935551**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

**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 83 OF 323
	<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**

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

Mailing Address 12480 GREEN MEADOW PLACE

City ELM GROVE	State WI	Zip Code 53122-1931
-------------------	-------------	------------------------

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

Name of Employer MEDICAL COLLEGE OF WISCONSIN	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : SA11.939966**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

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

Mailing Address E14351 STATE ROAD 33

City BARABOO	State WI	Zip Code 53913-9627
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2014

**Transaction ID : SA11.937160**

Amount of Each Receipt this Period  

150.00
--------

**CONTRIBUTION**

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

Mailing Address 5508 SADDLEWOOD LANE

City BRENTWOOD	State TN	Zip Code 37027-4733
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : SA11.942126**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</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 84 OF 323  
(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. LUMAN HOLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1528  
 City JACKSONVILLE State TX Zip Code 75766-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 09 / 19 / 2014  
**Transaction ID : SA11.942703**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. HERBERT HOLMES**  
 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  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.943388**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**C. MR. ROBERT L. HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12157 N RIVER GLENN LANE  
 City MEQUON State WI Zip Code 53092-2912  
 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 ▼  
 480.00

Date of Receipt  
 09 / 12 / 2014  
**Transaction ID : SA11.939612**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**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 85 OF 323  
(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. RICHARD HOLZWORTH**

Mailing Address **924 CHEROKEE ROAD**

City State Zip Code  
**CHARLOTTE NC 28207-2242**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 22 / 2014**  
**Transaction ID : SA11.941987**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **4741 KINGLET ST**

City State Zip Code  
**HOUSTON TX 77035-4923**

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 ▼  
**290.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.940883**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

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

Mailing Address **31871 W TREASURE ISLAND DRIVE**

City State Zip Code  
**HARTLAND WI 53029-8728**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 10 / 2014**  
**Transaction ID : SA11.937833**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

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

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

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

FOR LINE NUMBER: PAGE 86 OF 323  
(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. BARBARA HUBER**

Mailing Address 217 W 100 N

City WINAMAC      State IN      Zip Code 46996-8010

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC      Occupation INFORMATION REQUESTED PER BEST EFFC

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  
 09 / 23 / 2014  
**Transaction ID : SA11.942655**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 707 WEST PIONEER RD

City MEQUON      State WI      Zip Code 53097-1732

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943594**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 2396 57TH STREET N

City SAINT PETERSBURG      State FL      Zip Code 33710-4233

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : SA11.942164**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 87 OF 323  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **800 HETHWOOD BLVD**

City **BLACKSBURG** State **VA** Zip Code **24060-4207**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 08 / 2014**  
**Transaction ID : SA11.938361**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **7940 AMALFI WAY**

City **FAIR OAKS** State **CA** Zip Code **95628-5903**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**09 / 10 / 2014**  
**Transaction ID : SA11.938445**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HOWARD E. JACQUES**

Mailing Address **602 PHOEBE SREET**

City **GREEN BAY** State **WI** Zip Code **54303-3566**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**09 / 03 / 2014**  
**Transaction ID : SA11.936364**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 323
	<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**

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

Mailing Address 8322 CORPORATE DRIVE

City MOUNT PLEASANT State WI Zip Code 53406-3759

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.940637**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 837 S PARK TRAIL DR

City CARMEL State IN Zip Code 46032-4219

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : SA11.938775**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

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

Mailing Address 351 W. WILSON ST., #5

City MADISON State WI Zip Code 53703-3676

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.942254**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 90 OF 323  
(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)  
**A. FERENC KACSINTA**

Mailing Address **7323 CARTWRIGHT AVE**

City <b>SUN VALLEY</b>	State <b>CA</b>	Zip Code <b>91352-5107</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2014

**Transaction ID : SA11.938468**

Amount of Each Receipt this Period  

175.00
--------

**CONTRIBUTION**

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

Mailing Address **7323 CARTWRIGHT AVE**

City <b>SUN VALLEY</b>	State <b>CA</b>	Zip Code <b>91352-5107</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : SA11.941957**

Amount of Each Receipt this Period  

150.00
--------

**CONTRIBUTION**

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

Mailing Address **3445 CEDAR DRIVE**

City <b>PARK CITY</b>	State <b>UT</b>	Zip Code <b>84098-5499</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>INFORMATION REQUESTED PER BEST EFFC</b>	Occupation <b>TRUSTEE</b>
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : SA11.939708**

Amount of Each Receipt this Period  

50.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 91 OF 323  
(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. KENNETH KAPLAN**

Mailing Address 130 S WATER STREET APT 205

City State Zip Code  
MILWAUKEE WI 53204-4301

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : SA11.936839**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. FRANK KEARNY III**

Mailing Address 103 LIMEKILN DRIVE

City State Zip Code  
NEENAH WI 54956-4213

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 ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939507**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. FRANK KEARNY III**

Mailing Address 103 LIMEKILN DRIVE

City State Zip Code  
NEENAH WI 54956-4213

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 ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943607**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 92 OF 323  
(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. MICHAEL KEELAN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13130 WATERTOWN PLANK ROAD UNTI 1  
 City State Zip Code  
 ELM GROVE WI 53122-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.942103**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. KENNETH W. KEITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N28W6800 ALYCE STREET, APT 106  
 City State Zip Code  
 CEDARBURG WI 53012-2656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 EFFORTS  
 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  
 09 / 26 / 2014  
**Transaction ID : SA11.941928**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. DAVID S. KENYON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 205  
 City State Zip Code  
 OAKFIELD WI 53065-0205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.941961**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**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 93 OF 323  
(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. MR. GORDON W. KEYES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W3554 COUNTY ROAD NN  
 City State Zip Code  
 ELKHORN WI 53121-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED FARMER  
 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  
 09 / 17 / 2014  
**Transaction ID : SA11.940283**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. JAMES R. KIECKHEFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 569 ROSEDALE DRIVE  
 City State Zip Code  
 THIENSVILLE WI 53092-1357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STUDENT STUDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.939272**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**C. FRANCES E. KING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 599 BRAYBARTON BOULEVARD  
 City State Zip Code  
 STEUBENVILLE OH 43952-2447  
 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 ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SA11.935811**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1175.00  
**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 94 OF 323
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	<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**

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

Mailing Address 693 MONTCALM PLACE

City SAINT PAUL State MN Zip Code 55116-1745

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
09 / 15 / 2014  
Transaction ID : SA11.940004

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

**B. MR. GENE J. KIRK**  
Full Name (Last, First, Middle Initial)

Mailing Address 309 ROOSEVELT ST

City RIVER FALLS State WI Zip Code 54022-1431

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 03 / 2014  
Transaction ID : SA11.935207

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

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

Mailing Address 729 MORNINGSTAR DRIVE APT 2

City PORTAGE State WI Zip Code 53901-3418

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
09 / 30 / 2014  
Transaction ID : SA11.943482

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<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 95 OF 323  
(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. MR. DAVID J. KLEINDL**

Mailing Address 1222 WEST CIRCLE DRIVE

City State Zip Code  
BEAVER DAM WI 53916-1208

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936731**

Amount of Each Receipt this Period  
80.00

CONTRIBUTION

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

Mailing Address 28872 VIA BUENA VISTA

City State Zip Code  
SAN JUAN CAPISTRANO CA 92675-5557

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 ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.941756**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 28872 VIA BUENA VISTA

City State Zip Code  
SAN JUAN CAPISTRANO CA 92675-5557

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 ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : SA11.942263**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00

**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 96 OF 323
	(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**

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

Mailing Address P.O. BOX 624

City SOUTH BELOIT State IL Zip Code 61080-0624

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263.00

Date of Receipt  
09 / 04 / 2014  
**Transaction ID : SA11.936855**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

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

Mailing Address 331 PEACH STREET

City CINCINNATI State OH Zip Code 45246-3509

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

Name of Employer Occupation  
DATECEUTICS SAS PROGRAMMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
09 / 03 / 2014  
**Transaction ID : SA11.935569**

Amount of Each Receipt this Period  
27.00

CONTRIBUTION

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

Mailing Address 1960 TUMBLEBROOK ROAD

City NEENAH State WI Zip Code 54956-1230

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
09 / 23 / 2014  
**Transaction ID : SA11.942557**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.00

**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 97 OF 323  
(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. LOIS KOLB**

Mailing Address 10725 BRAEWOOD CIR

City State Zip Code  
BLOOMINGTON MN 55437-2758

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 ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.935873**

Amount of Each Receipt this Period  
115.00

CONTRIBUTION

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

Mailing Address 709 E 6TH STREET APT 2

City State Zip Code  
OWEN WI 54460-9523

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 ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11.943472**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

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

Mailing Address 7502 WEST TUCKAWAY PINES CIR.

City State Zip Code  
FRANKLIN WI 53132-8178

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 ▼  
299.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941286**

Amount of Each Receipt this Period  
100.50

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.50

**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 98 OF 323  
(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. MR. MARVIN R. KOVACH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3417 HICKORY RIDGE DRIVE  
City DE PERE State WI Zip Code 54115-8615  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KRAFT FOODS Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.939245**  
Amount of Each Receipt this Period 80.00  
CONTRIBUTION

**B. MARK KRAVIK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 571 280TH STREET  
City OSCEOLA State WI Zip Code 54020-4018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.940967**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MARY C. KREZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1580 ARBORETUM DR  
City OSHKOSH State WI Zip Code 54901-2790  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 24 / 2014  
**Transaction ID : SA11.943170**  
Amount of Each Receipt this Period 150.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1230.00  
**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 99 OF 323  
(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. MR. GREGORY A. KRIEGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15155 CARPENTER ROAD  
 City State Zip Code  
 BROOKFIELD WI 53005-4145  
 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 ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939284**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. LOU KRIKELAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 E MADISON ST  
 City State Zip Code  
 DODGEVILLE WI 53533-1293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LAND'S END SYSTEMS ANALYST  
 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  
 09 / 30 / 2014  
**Transaction ID : SA11.943941**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. WILLIAM KROEGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 JONIPER WAY  
 City State Zip Code  
 HARTLAND WI 53029-8669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 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  
 09 / 16 / 2014  
**Transaction ID : SA11.941296**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 323
	<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**

**A. LILLIAN KRUEGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6756 N 72ND AVE

City WAUSAU	State WI	Zip Code 54401-8804
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA11.938746**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. DENNIS KURTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address N4094 ROME ROAD

City RUBICON	State WI	Zip Code 53078-9782
-----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

**Transaction ID : SA11.941802**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**C. W CLARK LAMBERT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 66 PLYMOUTH STREET

City MONTCLAIR	State NJ	Zip Code 07042-2137
-------------------	-------------	------------------------

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

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

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
09	/	29	/	2014

**Transaction ID : SA11.943269**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	375.00
<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 101 OF 323
	<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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 502 PANTHER TRAIL

City MONONA State WI Zip Code 53716-3071

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11.939904**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

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

Mailing Address 15315 TURNBERRY DR

City BROOKFIELD State WI Zip Code 53005-2674

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11.935214**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

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

Mailing Address 606 W CRAMER STREET

City FORT ATKINSON State WI Zip Code 53538-1041

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11.936660**

Amount of Each Receipt this Period  
 110.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	610.00
<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 102 OF 323  
(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. MR. CHARLES LASKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1432 CONE COURT  
City EAU CLAIRE State WI Zip Code 54701-7441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LASKER JEWELERS Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 09 / 18 / 2014  
Transaction ID : SA11.940544  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. LEONARD LASKIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8400 CALLIE AVENUE UNIT 610  
City MORTON GROVE State IL Zip Code 60053-5009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 09 / 16 / 2014  
Transaction ID : SA11.940240  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**C. CARL LAWYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1423 4TH STREET  
City MARYSVILLE State WA Zip Code 98270-5036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PACIFIC GRINDING WHEEL COMPANY Occupation KILN OPERATOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 235.00

Date of Receipt 09 / 02 / 2014  
Transaction ID : SA11.936108  
Amount of Each Receipt this Period 80.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 230.00  
**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 103 OF 323
	<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**

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

Mailing Address 1423 4TH STREET

City MARYSVILLE State WA Zip Code 98270-5036

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

Name of Employer PACIFIC GRINDING WHEEL COMPANY Occupation KILN OPERATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.942797**

Amount of Each Receipt this Period 80.00

CONTRIBUTION

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

Mailing Address W140 N7975 LILLY ROAD

City MENOMONEE FALLS State WI Zip Code 53051-4419

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : SA11.939915**

Amount of Each Receipt this Period 150.00

CONTRIBUTION

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

Mailing Address 1930 W RIVER BEND COURT

City MEQUON State WI Zip Code 53092-2925

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.940316**

Amount of Each Receipt this Period 600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 830.00

**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 104 OF 323  
(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. MARILYN LEEDOM**

Mailing Address 1196 BLAKES WAY

City State Zip Code  
MENASHA WI 54952-1967

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.937486**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

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

Mailing Address 24284 NOBE ST

City State Zip Code  
CORONA CA 92883-9327

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 ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939086**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

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

Mailing Address 11320 BOTHWELL WAY

City State Zip Code  
HOUSTON TX 77024-5302

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 ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.938334**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

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



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

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

FOR LINE NUMBER: PAGE 106 OF 323  
(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. J LEVERICH**

Mailing Address **1600 TURTLE CREEK LANE APT 3**

City State Zip Code  
**PAMPA TX 79065-4902**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 03 / 2014**

**Transaction ID : SA11.935993**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **724 EAST GRINNEL DR**

City State Zip Code  
**BURBANK CA 91501-1720**

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

Name of Employer Occupation  
**DOJ OF THE STATE OF CALIFORNIA LAWYER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1105.00**

Date of Receipt  
**09 / 16 / 2014**

**Transaction ID : SA11.941238**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **724 EAST GRINNEL DR**

City State Zip Code  
**BURBANK CA 91501-1720**

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

Name of Employer Occupation  
**DOJ OF THE STATE OF CALIFORNIA LAWYER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1105.00**

Date of Receipt  
**09 / 25 / 2014**

**Transaction ID : SA11.944175**

Amount of Each Receipt this Period  
**105.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **305.00**

**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 107 OF 323  
(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. RAYMOND LEYDEN JR.**

Mailing Address **82 STRAWBERRY HILL AVENUE APT 4**

City **STAMFORD** State **CT** Zip Code **06902-2642**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 /  /   
**09 / 09 / 2014**

**Transaction ID : SA11.937442**

Amount of Each Receipt this Period  
 **400.00**

CONTRIBUTION

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

Mailing Address **6663 ARMITOS DR**

City **CAMARILLO** State **CA** Zip Code **93012-8828**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 /  /   
**09 / 02 / 2014**

**Transaction ID : SA11.936201**

Amount of Each Receipt this Period  
 **250.00**

CONTRIBUTION

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

Mailing Address **PO BOX 509**

City **CALIPATRIA** State **CA** Zip Code **92233-0509**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt  
 /  /   
**09 / 09 / 2014**

**Transaction ID : SA11.937425**

Amount of Each Receipt this Period  
 **100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  **750.00**

**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. ROBERT A. LOFTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 509  
 City State Zip Code  
 CALIPATRIA CA 92233-0509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 09 / 22 / 2014  
**Transaction ID : SA11.942201**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. BARBARA LUCAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14315 W ROGERS DRIVE  
 City State Zip Code  
 NEW BERLIN WI 53151-2459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CENTURY FENCE VP-SALES  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 03 / 2014  
**Transaction ID : SA11.936372**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. EUGENE LUDWIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23512 31ST STREET  
 City State Zip Code  
 SALEM WI 53168-9502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LUDWIG CONCRETE, INC CONCRETE WORK  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 11 / 2014  
**Transaction ID : SA11.937116**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES T. LUNDBERG**

Mailing Address 1036 EASTHILL PLACE

City WAUSAU      State WI      Zip Code 54403-9222

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 09 / 05 / 2014  
**Transaction ID : SA11.948448**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 2467 HALL ROAD

City HARTFORD      State WI      Zip Code 53027-9016

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 09 / 18 / 2014  
**Transaction ID : SA11.940386**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 4438 CHERRY OAK LANE

City HOUSTON      State TX      Zip Code 77088-7212

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

Name of Employer FORGED COMPONENTS INC      Occupation OWNER/PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 09 / 19 / 2014  
**Transaction ID : SA11.942367**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 4438 CHERRY OAK LANE

City State Zip Code  
 HOUSTON TX 77088-7212

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

Name of Employer Occupation  
 FORGED COMPONENTS INC OWNER/PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.943537**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. VICTORIA M. MAASKE**

Mailing Address W5029 STATE ROAD 33

City State Zip Code  
 HORICON WI 53032-9709

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS LAND OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 03 / 2014  
**Transaction ID : SA11.936773**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN M. MACK DR.**

Mailing Address 18685 ELM TERRACE DRIVE

City State Zip Code  
 BROOKFIELD WI 53045-4912

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 19 / 2014  
**Transaction ID : SA11.942387**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 1709 NORTH PARK AVENUE, APT 3

City State Zip Code  
CHICAGO IL 60614-5760

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 23 / 2014  
**Transaction ID : SA11.941770**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 13731 HICKMAN ROAD UNIT 3407

City State Zip Code  
URBANDALE IA 50323-2199

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 ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939836**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 25707 BRIDLE FALLS

City State Zip Code  
MAGNOLIA TX 77355-5890

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 ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 15 / 2014  
**Transaction ID : SA11.940724**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address P.O. BOX 85240

City State Zip Code  
RACINE WI 53408-5240

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936836**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 600 SOUTH 2ND STREET, APT 704

City State Zip Code  
MINNEAPOLIS MN 55401-2175

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.942013**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 281 KENNER CREEK ROAD

City State Zip Code  
DEATSVILLE AL 36022-6027

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.941766**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. EDWARD S. MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1046 WOODBERRY ROAD  
 City NEW KENSINGTON State PA Zip Code 15068-5308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : SA11.936844**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**B. EDWARD S. MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1046 WOODBERRY ROAD  
 City NEW KENSINGTON State PA Zip Code 15068-5308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.941752**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**C. GEORGE HOWARD MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3216 BRITTANY PTE  
 City LANSDALE State PA Zip Code 19446-6544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : SA11.936214**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 5704 JUNONIA COURT

City State Zip Code  
FORT MYERS FL 33908-1667

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 ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936846**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 1669 YANKEE DOODLE ROAD

City State Zip Code  
SAINT PAUL MN 55121-1754

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 12 / 2014  
**Transaction ID : SA11.940131**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1669 YANKEE DOODLE ROAD

City State Zip Code  
SAINT PAUL MN 55121-1754

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 25 / 2014  
**Transaction ID : SA11.942032**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. NANCY P. MC DONALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13140 COUNTRY CLUB DRIVE SOUTHWEST  
 City LAKEWOOD State WA Zip Code 98498-5333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.937435**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. LYNN MCCARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2468 218TH AVE  
 City SAINT CROIX FALLS State WI Zip Code 54024-7813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 12 / 2014  
**Transaction ID : SA11.938282**  
 Amount of Each Receipt this Period 400.00  
 CONTRIBUTION

**C. WILLIAM MCCOMISH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 HAMPSHIRE STREET  
 City EVERETT State MA Zip Code 02149-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.937426**  
 Amount of Each Receipt this Period 450.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 2717 SEVILLE BLVD APT 12205

City CLEARWATER State FL Zip Code 33764-1188

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.938764**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address 6945 WEST SURREY AVENUE

City PEORIA State AZ Zip Code 85381-5011

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936796**

Amount of Each Receipt this Period  
**100.94**

CONTRIBUTION

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

Mailing Address 17148 145TH STREET

City TWIN BROOKS State SD Zip Code 57269-

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11.940498**

Amount of Each Receipt this Period  
**60.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **410.94**

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



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MALCOLM MCCULLOUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 LAWRENCE AVE  
 City MALVERNE State NY Zip Code 11565-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYS OMH Occupation PSYCHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.944074**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. SCOTT A. MCDERMOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address S27 W29517 JARMON ROAD  
 City WAUKESHA State WI Zip Code 53188-9224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOURCE ONE HEALTHCARE Occupation MEDICAL IMAGING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : SA11.937506**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. SCOTT A. MCDERMOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address S27 W29517 JARMON ROAD  
 City WAUKESHA State WI Zip Code 53188-9224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOURCE ONE HEALTHCARE Occupation MEDICAL IMAGING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : SA11.941906**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **7 BITTERROOT LANE**

City **SAVANNAH**      State **GA**      Zip Code **31419-9507**

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

Name of Employer **GULFSTREAM AEROSPACE**      Occupation **ENGINEER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 24 / 2014**  
**Transaction ID : SA11.941754**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **111 BORDER LEE FARM**

City **CAMERON**      State **NC**      Zip Code **28326-7043**

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

Name of Employer **MCLEOD AUTO CRUSHING**      Occupation **SELF EMPLOYED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**510.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.939704**

Amount of Each Receipt this Period  
**165.00**

CONTRIBUTION

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

Mailing Address **111 BORDER LEE FARM**

City **CAMERON**      State **NC**      Zip Code **28326-7043**

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

Name of Employer **MCLEOD AUTO CRUSHING**      Occupation **SELF EMPLOYED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**510.00**

Date of Receipt  
**09 / 30 / 2014**  
**Transaction ID : SA11.943503**

Amount of Each Receipt this Period  
**115.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **380.00**

**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

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(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. CAROL MEILI**

Mailing Address **9732 N COLUMBIA CREEK LN**

City **MEQUON**      State **WI**      Zip Code **53092-5655**

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 ▼  
**225.00**

Date of Receipt  
**09 / 11 / 2014**

**Transaction ID : SA11.937796**

Amount of Each Receipt this Period  
**25.00**

CONTRIBUTION

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

Mailing Address **6520 HARWICK CIR**

City **HIXSON**      State **TN**      Zip Code **37343-7515**

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 ▼  
**500.00**

Date of Receipt  
**09 / 16 / 2014**

**Transaction ID : SA11.940852**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **W7506 SR 106**

City **FT ATKINSON**      State **WI**      Zip Code **53538-9537**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
**09 / 08 / 2014**

**Transaction ID : SA11.938376**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **555.00**

**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 120 OF 323
	<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**

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

Mailing Address N74 W24659 LAUREN DRIVE

City SUSSEX State WI Zip Code 53089-5433

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : SA11.938872**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 2181 FREYDALE ROAD SE

City MARIETTA State GA Zip Code 30067-7017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11.943533**

Amount of Each Receipt this Period  
 255.00

CONTRIBUTION

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

Mailing Address 1077 RIVER ROAD, APT 201

City EDGEWATER State NJ Zip Code 07020-1353

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11.936592**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	855.00
<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 121 OF 323
	<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**

**A. MR. FLOYD C. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address W4582 EDWARD STREET

City APPLETON State WI Zip Code 54913-8347

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2014  
**Transaction ID : SA11.939243**

Amount of Each Receipt this Period 150.00

CONTRIBUTION

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

Mailing Address 1560 NORTH OCOEE STREET

City CLEVELAND State TN Zip Code 37311-4466

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

Name of Employer CLAN MONTGOMERY SOCIETY Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2014  
**Transaction ID : SA11.936717**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

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

Mailing Address N3969 COUNTY A

City COLUMBUS State WI Zip Code 53925-

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.939905**

Amount of Each Receipt this Period 230.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	880.00
<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 122 OF 323  
(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. PAMELA MINOR**

Mailing Address **N87W15735 BELLEVIEW BOULEVARD**

City **MENOMONEE FALLS** State **WI** Zip Code **53051-2905**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 12 / 2014**  
**Transaction ID : SA11.938154**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **515 N BAY AVENUE**

City **MASSAPEQUA** State **NY** Zip Code **11758-2046**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
**09 / 08 / 2014**  
**Transaction ID : SA11.937403**

Amount of Each Receipt this Period  
**20.00**

CONTRIBUTION

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

Mailing Address **515 N BAY AVENUE**

City **MASSAPEQUA** State **NY** Zip Code **11758-2046**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
**09 / 22 / 2014**  
**Transaction ID : SA11.941700**

Amount of Each Receipt this Period  
**20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **290.00**

**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

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(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. CLAYTON J. MORGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38026 SHERWOOD STREET  
 City WESTLAND State MI Zip Code 48185-3744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : SA11.936696**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**B. CLAYTON J. MORGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38026 SHERWOOD STREET  
 City WESTLAND State MI Zip Code 48185-3744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 03 / 2014  
**Transaction ID : SA11.936809**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. CLAYTON J. MORGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38026 SHERWOOD STREET  
 City WESTLAND State MI Zip Code 48185-3744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : SA11.941753**  
 Amount of Each Receipt this Period 30.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**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 125 OF 323  
(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. PETER MOSLING**

Mailing Address **291 COUNTY ROAD FF**

City **PICKETT** State **WI** Zip Code **54964-9512**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
**09 / 22 / 2014**  
**Transaction ID : SA11.942466**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

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

Mailing Address **308 ALLISON STREET**

City **MCPHERSON** State **KS** Zip Code **67460-2802**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**09 / 17 / 2014**  
**Transaction ID : SA11.940144**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **7585 BLUE LAKE ISLAND ROAD**

City **MINOCQUA** State **WI** Zip Code **54548-9538**

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

Name of Employer **FRED MUELLER AUTOMOTIVE** Occupation **SECRETARY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : SA11.942020**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3050.00**

**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 126 OF 323
	(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**

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

Mailing Address 1414 SILVERADO TRAIL S

City SAINT HELENA	State CA	Zip Code 94574-9798
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : SA11.942424**

Amount of Each Receipt this Period  
225.00

CONTRIBUTION

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

Mailing Address 9630 WOODLAND RD.

City NEW MARKET	State MD	Zip Code 21774-2944
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2014

**Transaction ID : SA11.936803**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1012 HAWTHORN CIRCLE

City WAUKESHA	State WI	Zip Code 53188-2923
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation UNKNOWN
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA11.937143**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<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 127 OF 323  
(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. EUGENE MURRAY**  
 Mailing Address **E9005 HUCKLBERRY LN**  
 City **NEW LONDON** State **WI** Zip Code **54961-8954**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **SCOTT CONSTRUCTION, INC** Occupation **AREA MANAGER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **09 / 18 / 2014**  
**Transaction ID : SA11.939102**  
 Amount of Each Receipt this Period **150.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. FREDERICK E. NAGEL**  
 Mailing Address **1312 WISCONSIN STREET**  
 City **HUDSON** State **WI** Zip Code **54016-1889**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **RETIRED** Occupation **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 16 / 2014**  
**Transaction ID : SA11.939539**  
 Amount of Each Receipt this Period **10.00**  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MARK A. NELSON**  
 Mailing Address **14175 GOLF PARKWAY**  
 City **BROOKFIELD** State **WI** Zip Code **53005-7916**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **SELF** Occupation **PHYSICIAN**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 18 / 2014**  
**Transaction ID : SA11.939851**  
 Amount of Each Receipt this Period **250.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **410.00**  
**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 128 OF 323  
(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. S JAMES NELSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1708 WASHINGTON AVENUE SUITE H  
 City HOUSTON State TX Zip Code 77007-7773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SA11.936258**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. VERA NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 614 WILLIAMS STREET  
 City VIROQUA State WI Zip Code 54665-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939969**  
 Amount of Each Receipt this Period  
 35.00  
 CONTRIBUTION

**C. VERA NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 614 WILLIAMS STREET  
 City VIROQUA State WI Zip Code 54665-1051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : SA11.941684**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 305.00  
**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 129 OF 323
	<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**

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

Mailing Address 614 WILLIAMS STREET

City VIROQUA State WI Zip Code 54665-1051

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11.941922**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

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

Mailing Address 614 WILLIAMS STREET

City VIROQUA State WI Zip Code 54665-1051

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11.942983**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

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

Mailing Address 875 HAMPTONSHIRE DRIVE

City CLEVES State OH Zip Code 45002-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11.936851**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **220.00**

**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

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(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. URBAN NEVILLE**

Mailing Address **875 HAMPTONSHIRE DRIVE**

City **CLEVES** State **OH** Zip Code **45002-**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**09 / 25 / 2014**  
**Transaction ID : SA11.942035**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **N12 W2912 CREEKSIDE COURT**

City **WAUKESHA** State **WI** Zip Code **53188-**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.939139**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **607 E TAYLOR RUN PKWY**

City **ALEXANDRIA** State **VA** Zip Code **22314-4929**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1735.00**

Date of Receipt  
**09 / 23 / 2014**  
**Transaction ID : SA11.941772**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**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 132 OF 323  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 13485 BRAEMAR DRIVE

City State Zip Code  
ELM GROVE WI 53122-2508

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2014  
**Transaction ID : SA11.948360**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 4103 S BURRELL ST.

City State Zip Code  
MILWAUKEE WI 53207-4405

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

Name of Employer Occupation  
W.B. BOTTLE SUPPLY CO. FACTORY WORKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.937861**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 8221 WHITE CLIFF ROAD

City State Zip Code  
EGG HARBOR WI 54209-9640

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 ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.942021**

Amount of Each Receipt this Period  
175.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 5538 JESSAMINE LN

City State Zip Code  
ORLANDO FL 32839-2060

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939324**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SHAUN F. O'MALLEY**

Mailing Address 8000 SEMINOLE STREET APT 1

City State Zip Code  
PHILADELPHIA PA 19118-3955

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 ▼  
208.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.941827**

Amount of Each Receipt this Period  
68.65

CONTRIBUTION

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

Mailing Address 6416 RED FOX COURT

City State Zip Code  
MINNEAPOLIS MN 55436-1922

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941194**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 468.65

**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 134 OF 323  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **67100 SARGENTS ROAD**

City State Zip Code  
**SAN ARDO CA 93450-8901**

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

Name of Employer Occupation  
**SELF EMPLOYED RANCHER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 19 / 2014**

**Transaction ID : SA11.941799**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **N2531 RUSTIC DRIVE**

City State Zip Code  
**CLINTONVILLE WI 54929-8587**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**09 / 15 / 2014**

**Transaction ID : SA11.939671**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID E. PACE**

Mailing Address **E6918 SKI HILL ROAD**

City State Zip Code  
**REEDSBURG WI 53959-9200**

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

Name of Employer Occupation  
**DEP HOLDINGS CHAIRMAN OF THE BOARD**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**950.00**

Date of Receipt  
**09 / 09 / 2014**

**Transaction ID : SA11.937076**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. DAVID E. PACE**

Mailing Address **E6918 SKI HILL ROAD**

City **REEDSBURG** State **WI** Zip Code **53959-9200**

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

Name of Employer **DEP HOLDINGS** Occupation **CHAIRMAN OF THE BOARD**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  
**09 / 17 / 2014**  
**Transaction ID : SA11.941052**

Amount of Each Receipt this Period  
**750.00**

CONTRIBUTION

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

Mailing Address **104 WAYNE STREET**

City **HOWE** State **IN** Zip Code **46746-9788**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 30 / 2014**  
**Transaction ID : SA11.943613**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. HORACE H. PALMER**

Mailing Address **5040 N KENT AVENUE**

City **WHITEFISH BAY** State **WI** Zip Code **53217-5520**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**09 / 03 / 2014**  
**Transaction ID : SA11.936105**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1000.00**

**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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. MR. HORACE H. PALMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5040 N KENT AVENUE  
 City State Zip Code  
 WHITEFISH BAY WI 53217-5520  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936254**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. MR. JOHN R. PANKRATZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9219 BEVELY PLACE  
 City State Zip Code  
 WAUWATOSA WI 53226-1712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.941916**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. FRED D. PANZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W6375 FIRELANE 8  
 City State Zip Code  
 MENASHA WI 54952-9746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RADIOLOGY ASSOCIATION OF APPLETON M.D.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943321**  
 Amount of Each Receipt this Period  
 400.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. TRACY PAPANDREA**  
 Mailing Address N28W30628 RED FOX CT  
 City State Zip Code  
 PEWAUKEE WI 53072-4292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE HOMEMAKER  
 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  
 09 / 03 / 2014  
**Transaction ID : SA11.935486**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. AILI PAQUE**  
 Mailing Address 1010 NEUFELD ST  
 City State Zip Code  
 GREEN BAY WI 54304-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.939209**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ROBERT PARKER**  
 Mailing Address N106W6988 DAYTON STREET  
 City State Zip Code  
 CEDARBURG WI 53012-1272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC UNKNOWN  
 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  
 09 / 10 / 2014  
**Transaction ID : SA11.938317**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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 138 OF 323
	<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)  
**A. JOHN R. PAUL**

Mailing Address **184 NORTHWEST 10TH STREET**

City <b>MERIDIAN</b>	State <b>ID</b>	Zip Code <b>83642-2455</b>
-------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : SA11.937256**

Amount of Each Receipt this Period  

200.00
--------

**CONTRIBUTION**

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

Mailing Address **12645 W HICKORY ROAD**

City <b>NEW BERLIN</b>	State <b>WI</b>	Zip Code <b>53151-4622</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11.943654**

Amount of Each Receipt this Period  

60.00
-------

**CONTRIBUTION**

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

Mailing Address **1413 8TH STREET**

City <b>CORONADO</b>	State <b>CA</b>	Zip Code <b>92118-2202</b>
-------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11.943338**

Amount of Each Receipt this Period  

100.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address P.O. BOX 302

City Lanesboro State MA Zip Code 01237-0302

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11.943869**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address 1701 PINE EDGE LANE

City Henrico State VA Zip Code 23229-4069

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11.936787**

Amount of Each Receipt this Period  
**40.00**

CONTRIBUTION

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

Mailing Address 1701 PINE EDGE LANE

City Henrico State VA Zip Code 23229-4069

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2014**

**Transaction ID : SA11.939992**

Amount of Each Receipt this Period  
**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **180.00**

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **3810 176TH AVENUE**

City State Zip Code  
**KENOSHA WI 53144-7616**

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

Name of Employer Occupation  
**VETERAN TRUCK INC TRUCK DRIVER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**355.00**

Date of Receipt  
**09 / 25 / 2014**

**Transaction ID : SA11.943952**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

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

Mailing Address **540 WEST SMUGGLER STREET**

City State Zip Code  
**ASPEN CO 81611-1261**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 03 / 2014**

**Transaction ID : SA11.936755**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **5400 GOLDENROD ROAD**

City State Zip Code  
**RENO NV 89511-9051**

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 ▼  
**260.00**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : SA11.939724**

Amount of Each Receipt this Period  
**110.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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



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

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

FOR LINE NUMBER: PAGE 141 OF 323  
(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 POYA**

Mailing Address 16851 HARLEM AVENUE APT 236

City State Zip Code  
TINLEY PARK IL 60477-2736

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 ▼  
215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11.939710**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

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

Mailing Address 1208 COUNTY ROAD 147

City State Zip Code  
BLANKET TX 76432-5005

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.941140**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

Mailing Address P.O. BOX 520

City State Zip Code  
RIPON WI 54971-0520

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

Name of Employer Occupation  
AFK CORP FOUNDRY EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941314**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1320.00

**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 143 OF 323  
(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. MR. ROBERT J. RADTKE**

Mailing Address **S2923 MAPLE LANE**

City State Zip Code  
**MARSHFIELD WI 54449-9400**

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 ▼  
**265.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.941181**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **1793 PINE WOOD ROAD**

City State Zip Code  
**SAINT CROIX FALLS WI 54024-7536**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : SA11.942259**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **4320 COUNTY LINE ROAD HIGHWAY Q**

City State Zip Code  
**COLGATE WI 53017-**

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

Name of Employer Occupation  
**MORGAN-DEMPSEY CAPITOL MANAGEMEN OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.939678**

Amount of Each Receipt this Period  
**70.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **220.00**

**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 144 OF 323  
(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. THERON RAGSDALE**

Mailing Address 16 RIVERS CT

City State Zip Code  
OAK RIDGE TN 37830-7275

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 ▼  
225.00

Date of Receipt  
 /  /   
 09 / 11 / 2014  
**Transaction ID : SA11.938751**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

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

Mailing Address 16 RIVERS CT

City State Zip Code  
OAK RIDGE TN 37830-7275

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 ▼  
225.00

Date of Receipt  
 /  /   
 09 / 05 / 2014  
**Transaction ID : SA11.938805**

Amount of Each Receipt this Period  
 30.00

CONTRIBUTION

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

Mailing Address 2464 BEAR DEN RD

City State Zip Code  
FREDERICK MD 21701-9319

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 ▼  
230.00

Date of Receipt  
 /  /   
 09 / 05 / 2014  
**Transaction ID : SA11.937764**

Amount of Each Receipt this Period  
 55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶  105.00

**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 145 OF 323
	<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**

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

Mailing Address **N8699 STATE ROAD 25**

City <b>BOYCEVILLE</b>	State <b>WI</b>	Zip Code <b>54725-5033</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>INFORMATION REQUESTED PER BEST EFFC</b>	Occupation <b>UNKNOWN</b>
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2014**

**Transaction ID : SA11.940227**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **2655 N MAYFAIR ROAD**

City <b>MILWAUKEE</b>	State <b>WI</b>	Zip Code <b>53226-1302</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>SELF EMPLOYED</b>
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11.943608**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address

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

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

Name of Employer <b>INFORMATION REQUESTED PER BEST EFFC</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFFC</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11.941598**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</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 146 OF 323  
(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. HARRY C. RAWLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 KINGS ROAD  
 City NEWPORT BEACH State CA Zip Code 92663-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 09 / 10 / 2014  
**Transaction ID : SA11.938651**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. PATRICK O. RAYES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O BOX 195429  
 City DALLAS State TX Zip Code 75219-8607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation OIL AND GAS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 09 / 05 / 2014  
**Transaction ID : SA11.936907**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**C. PETER M. REILAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1235  
 City BROOKFIELD State WI Zip Code 53008-1235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 09 / 16 / 2014  
**Transaction ID : SA11.939604**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10100.00  
**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 147 OF 323  
(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. MARGARET M. RENDALL**

Mailing Address **6710 BRAUN ROAD**

City **RACINE**      State **WI**      Zip Code **53403-9414**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11.943591**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

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

Mailing Address **1971 VIA DEL PICAMADEROS**

City **GREEN VALLEY**      State **AZ**      Zip Code **85622-5413**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : SA11.939290**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **1971 VIA DEL PICAMADEROS**

City **GREEN VALLEY**      State **AZ**      Zip Code **85622-5413**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11.943612**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.00**

**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

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(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)  
**A. KATHLEEN REUTER**

Mailing Address **457 NW GIBRALTAR COURT**

City <b>PORT SAINT LUCIE</b>	State <b>FL</b>	Zip Code <b>34986-1733</b>
---------------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2014

**Transaction ID : SA11.936703**

Amount of Each Receipt this Period  

210.00
--------

**CONTRIBUTION**

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

Mailing Address **700 QUINLEN DR APT 338**

City <b>PEWAUKEE</b>	State <b>WI</b>	Zip Code <b>53072-1832</b>
-------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2014

**Transaction ID : SA11.936154**

Amount of Each Receipt this Period  

35.00
-------

**CONTRIBUTION**

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

Mailing Address **700 QUINLEN DR APT 338**

City <b>PEWAUKEE</b>	State <b>WI</b>	Zip Code <b>53072-1832</b>
-------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA11.937714**

Amount of Each Receipt this Period  

45.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>290.00</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: (check only one)	PAGE 149 OF 323
	<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**

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

Mailing Address 700 QUINLEN DR APT 338

City PEWAUKEE	State WI	Zip Code 53072-1832
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11.937853**

Amount of Each Receipt this Period  
55.00

CONTRIBUTION

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

Mailing Address 700 QUINLEN DR APT 338

City PEWAUKEE	State WI	Zip Code 53072-1832
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11.941853**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 3585 ROUND BARN BOULEVARD APT 329

City SANTA ROSA	State CA	Zip Code 95403-0145
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11.937945**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<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 150 OF 323
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 3585 ROUND BARN BOULEVARD APT 329

City	State	Zip Code
SANTA ROSA	CA	95403-0145

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

**Transaction ID : SA11.938125**

Amount of Each Receipt this Period  

800.00
--------

**25.00**

CONTRIBUTION

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

Mailing Address 3585 ROUND BARN BOULEVARD APT 329

City	State	Zip Code
SANTA ROSA	CA	95403-0145

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2014

**Transaction ID : SA11.940121**

Amount of Each Receipt this Period  

800.00
--------

**30.00**

CONTRIBUTION

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

Mailing Address 3585 ROUND BARN BOULEVARD APT 329

City	State	Zip Code
SANTA ROSA	CA	95403-0145

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : SA11.942689**

Amount of Each Receipt this Period  

800.00
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**25.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</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

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 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. MELVIN A. RIES**

Mailing Address 3585 ROUND BARN BOULEVARD APT 329

City State Zip Code  
SANTA ROSA CA 95403-0145

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943491**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 3585 ROUND BARN BOULEVARD APT 329

City State Zip Code  
SANTA ROSA CA 95403-0145

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.944095**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 1220 EASTHILL DRIVE

City State Zip Code  
WAUSAU WI 54403-9223

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936834**

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. TUULI-ANN RISTKOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 W 16TH STREET APT 6 J N  
 City NEW YORK State NY Zip Code 10011-6328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936560**  
 Amount of Each Receipt this Period  
 160.00  
 CONTRIBUTION

**B. JOHN ROGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6640 BOULDER LN  
 City MIDDLETON State WI Zip Code 53562-2807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936779**  
 Amount of Each Receipt this Period  
 40.00  
 CONTRIBUTION

**C. ROBERTA ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14515 W GRANITE VALLEY DR APT E567  
 City SUN CITY WEST State AZ Zip Code 85375-6024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SA11.936477**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. THOMAS T. ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W1194 CO. HWY. J  
 City PRINCETON State WI Zip Code 54968-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEENAH SPRINGS, INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2014  
**Transaction ID : SA11.942459**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MR. THOMAS ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W1194 COUNTY ROAD J  
 City PRINCETON State WI Zip Code 54968-9342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEENAH SPRINGS INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 03 / 2014  
**Transaction ID : SA11.935258**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**C. MR. THOMAS ROGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W1194 COUNTY ROAD J  
 City PRINCETON State WI Zip Code 54968-9342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEENAH SPRINGS INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.941279**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address 1417 MAHLER BLVD

City State Zip Code  
NEENAH WI 54956-4974

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 ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SA11.936415**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address W3963 STATE ROAD 23

City State Zip Code  
MONTELLO WI 53949-8635

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

Name of Employer Occupation  
RETIRED UNKNOWN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11.943411**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

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

Mailing Address 8545 CARMEL VALLEY ROAD

City State Zip Code  
CARMEL CA 93923-9556

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 ▼  
1450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.938218**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

**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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **8545 CARMEL VALLEY ROAD**

City **CARMEL** State **CA** Zip Code **93923-9556**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt  
**09 / 19 / 2014**  
**Transaction ID : SA11.941733**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **8545 CARMEL VALLEY ROAD**

City **CARMEL** State **CA** Zip Code **93923-9556**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt  
**09 / 19 / 2014**  
**Transaction ID : SA11.943244**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **2210 OXFORD COURT APT 6**

City **PLOVER** State **WI** Zip Code **54467-2657**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**09 / 18 / 2014**  
**Transaction ID : SA11.941186**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **250.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. GREGORY P. SAUER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N2685 POTATO RIDGE ROAD  
 City LA CROSSE State WI Zip Code 54601-3006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GPS ANESTHESIA SERVICES, LLC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.942971**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. RALPH SAUL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 WAVERLY ROAD APT B 037  
 City GLADWYNE State PA Zip Code 19035-1260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.939465**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**C. MRS. MARY JO JO SAZAMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 THIELMAN STREET # 10 A  
 City MERRILL State WI Zip Code 54452-3833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.941540**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1250.00  
**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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JOHN SCEPANSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 E MORGAN AVENUE  
 City State Zip Code  
 MILWAUKEE WI 53207-3309  
 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 ▼  
 1140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.936992**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**B. JOHN SCEPANSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 E MORGAN AVENUE  
 City State Zip Code  
 MILWAUKEE WI 53207-3309  
 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 ▼  
 1140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11.942093**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MARY M. SCHICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 SOUT LAUREL DRIVE  
 City State Zip Code  
 NEW BERLIN WI 53151-4220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.943291**  
 Amount of Each Receipt this Period  
 45.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 395.00  
**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 158 OF 323
	<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**

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

Mailing Address P.O. BOX 309

City MEDFORD State WI Zip Code 54451-0309

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

Name of Employer WEATHER SHIELD Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939882**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

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

Mailing Address 3111 PINNEY WOODS LN SE

City CEDAR RAPIDS State IA Zip Code 52403-1982

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.940339**

Amount of Each Receipt this Period  
**3000.00**

CONTRIBUTION

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

Mailing Address 15565 POMONA ROAD

City BROOKFIELD State WI Zip Code 53005-3616

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

Name of Employer FORRER BUSINESS INTERIORS Occupation VICE PRESIDENT OF SALES

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  
 09 / 22 / 2014  
**Transaction ID : SA11.941496**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3450.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. STUART E. SCHLOUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1655 CONNORS ROAD  
 City State Zip Code  
 MARSHALL WI 53559-9729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936766**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. STUART E. SCHLOUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1655 CONNORS ROAD  
 City State Zip Code  
 MARSHALL WI 53559-9729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.937536**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**C. THEODORE SCHMIDT JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2115 E CONNOR PARK COVE  
 City State Zip Code  
 SALT LAKE CITY UT 84109-2468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936538**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **4417 OAKWOODS HILLS PARKWAY**

City State Zip Code  
**EAU CLAIRE WI 54701-7794**

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 ▼  
**365.00**

Date of Receipt  
**09 / 16 / 2014**

**Transaction ID : SA11.941361**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **4417 OAKWOODS HILLS PARKWAY**

City State Zip Code  
**EAU CLAIRE WI 54701-7794**

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 ▼  
**365.00**

Date of Receipt  
**09 / 23 / 2014**

**Transaction ID : SA11.941849**

Amount of Each Receipt this Period  
**20.00**

CONTRIBUTION

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

Mailing Address **1430 MARINE ST**

City State Zip Code  
**GREEN BAY WI 54301-3051**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 03 / 2014**

**Transaction ID : SA11.936871**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **370.00**

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **2576 TOUCHMARK COURT**

City **APPLETON** State **WI** Zip Code **54914-8792**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 /  /   
**09 / 30 / 2014**

**Transaction ID : SA11.944149**

Amount of Each Receipt this Period  
 **100.00**

CONTRIBUTION

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

Mailing Address **W4337 COUNTY ROAD S TRAILER 31**

City **HORICON** State **WI** Zip Code **53032-9793**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt  
 /  /   
**09 / 12 / 2014**

**Transaction ID : SA11.939274**

Amount of Each Receipt this Period  
 **90.00**

CONTRIBUTION

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

Mailing Address **128 HICKORY NUT LANE**

City **EDGERTON** State **WI** Zip Code **53534-9318**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 /  /   
**09 / 09 / 2014**

**Transaction ID : SA11.937488**

Amount of Each Receipt this Period  
 **25.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►  **215.00**

**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

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(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. EDWIN A. SCHRANK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 HICKORY NUT LANE  
 City State Zip Code  
 EDGERTON WI 53534-9318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.943093**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. DONALD L. SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4515 MUIR AVE  
 City State Zip Code  
 SAN DIEGO CA 92107-2318  
 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 ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941246**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. GEORGE SCHUEPPERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 467  
 City State Zip Code  
 SISTER BAY WI 54234-0467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936768**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**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 163 OF 323
	<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**

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

Mailing Address 108 HOLLY HILL LANE

City BULLARD State TX Zip Code 75757-9378

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 08 / 2014  
**Transaction ID : SA11.937201**

Amount of Each Receipt this Period 110.00

CONTRIBUTION

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

Mailing Address 1808 W LOOP 250 N APT 2019

City MIDLAND State TX Zip Code 79705-1513

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 03 / 2014  
**Transaction ID : SA11.936826**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**C. MRS. VIRGINIA M. SCHULTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 13820 KEEFE AVENUE

City BROOKFIELD State WI Zip Code 53005-3300

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : SA11.939540**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00

**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 164 OF 323
	<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**

Full Name (Last, First, Middle Initial) <b>A. MRS. ANNEROSE J. SCRIMENTI</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2014
Mailing Address 10727 N ESSEX COURT		<b>Transaction ID : SA11.939213</b>
City MEQUON	State WI	Zip Code 53092-8531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer SELF EMPLOYED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. ROSANNE P. SEDER</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014
Mailing Address W130N6239 RIVER DRIVE		<b>Transaction ID : SA11.939281</b>
City MENOMONEE FALLS	State WI	Zip Code 53051-6041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. ROSANNE P. SEDER</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address W130N6239 RIVER DRIVE		<b>Transaction ID : SA11.942068</b>
City MENOMONEE FALLS	State WI	Zip Code 53051-6041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<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 165 OF 323  
(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. HELEN E. SHANKS**

Mailing Address 3378 OLD STATE ROAD 15 #115

City WABASH State IN Zip Code 46992-7979

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11.939154**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address P.O. BOX 1049

City CROCKETT State TX Zip Code 75835-1049

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11.939980**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

Mailing Address 1052 ANZA DR

City PACIFICA State CA Zip Code 94044-3314

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11.936065**

Amount of Each Receipt this Period  
**80.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **380.00**

**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **2839 6TH STREET**

City **EAU CLAIRE** State **WI** Zip Code **54703-2898**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**09 / 09 / 2014**  
**Transaction ID : SA11.937234**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

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

Mailing Address **2839 6TH STREET**

City **EAU CLAIRE** State **WI** Zip Code **54703-2898**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**09 / 22 / 2014**  
**Transaction ID : SA11.942220**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

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

Mailing Address **2839 6TH STREET**

City **EAU CLAIRE** State **WI** Zip Code **54703-2898**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
**09 / 30 / 2014**  
**Transaction ID : SA11.943449**

Amount of Each Receipt this Period  
**10.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **50.00**

**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **W5233 STERLINGWORTH COURT**

City **ELKHORN** State **WI** Zip Code **53121-2782**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 15 / 2014**  
**Transaction ID : SA11.940266**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **W5233 STERLINGWORTH COURT**

City **ELKHORN** State **WI** Zip Code **53121-2782**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**09 / 29 / 2014**  
**Transaction ID : SA11.943447**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **1335 SAN LUCAS DRIVE**

City **BROOKFIELD** State **WI** Zip Code **53045-6611**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.941157**

Amount of Each Receipt this Period  
**40.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **140.00**

**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 168 OF 323
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<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)  
**A. MR. GLENN SMEISKA**

Mailing Address **2234 S 81ST ST APT 8**

City <b>WEST ALLIS</b>	State <b>WI</b>	Zip Code <b>53219-1727</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2014

**Transaction ID : SA11.938606**

Amount of Each Receipt this Period  

200.00
--------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MR. DANIEL R. SMITH**

Mailing Address **240 SEMINOLE LANE**

City <b>GREEN BAY</b>	State <b>WI</b>	Zip Code <b>54313-4950</b>
--------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2014

**Transaction ID : SA11.948445**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

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

Mailing Address **715 BENT STREET**

City <b>ELGIN</b>	State <b>IL</b>	Zip Code <b>60120-7954</b>
----------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2014

**Transaction ID : SA11.938530**

Amount of Each Receipt this Period  

55.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>355.00</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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. RICHARD WILLIAM SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 BENT STREET  
 City ELGIN State IL Zip Code 60120-7954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 09 / 26 / 2014  
**Transaction ID : SA11.942877**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. TERESA M. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N75 W27900 SUMMERSTONE ROD  
 City HARTLAND State WI Zip Code 53029-9465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 09 / 03 / 2014  
**Transaction ID : SA11.935607**  
 Amount of Each Receipt this Period  
 225.00  
 CONTRIBUTION

**C. WILLIAM T. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 ALAMEDA DRIVE  
 City HUNTINGTOWN State MD Zip Code 20639-9510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.943371**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 170 OF 323  
(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. BERNICE SMOLEN**

Mailing Address **2567 28TH AVENUE W**

City **SEATTLE**      State **WA**      Zip Code **98199-3354**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
**09 / 23 / 2014**  
**Transaction ID : SA11.941935**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

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

Mailing Address **2567 28TH AVENUE W**

City **SEATTLE**      State **WA**      Zip Code **98199-3354**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : SA11.943044**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. GLYNNE A. STAFSLIEN MD**

Mailing Address **1016 RUTLEDGE COURT**

City **JANESVILLE**      State **WI**      Zip Code **53545-1345**

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 ▼ **610.00**

Date of Receipt  
**09 / 08 / 2014**  
**Transaction ID : SA11.937423**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **210.00**

**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

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(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. DONALD STANEK**

Mailing Address 3224 N BARKWOOD LANE

City State Zip Code  
APPLETON WI 54914-7232

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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936838**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 5010 HAMMERSLEY ROAD

City State Zip Code  
MADISON WI 53711-2616

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

Name of Employer Occupation  
MADISON DAIRY PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : SA11.942026**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 600 W BROADWAY STE 2600

City State Zip Code  
SAN DIEGO CA 92101-3372

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941249**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**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

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. CORREEN STGEORGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6555 NORTH GREEN BAY AVE UNIT 110  
 City GLENDALE State WI Zip Code 53209-3469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : SA11.938083**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. WILLIAM STONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1072 288TH AVE  
 City BURLINGTON State WI Zip Code 53105-9304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : SA11.935255**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. WILLIAM STONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1072 288TH AVE  
 City BURLINGTON State WI Zip Code 53105-9304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : SA11.940671**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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

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(check only one)  
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 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. JUDITH E. STOWELL**

Mailing Address 15280 PEPPERWOOD DRIVE

City State Zip Code  
OMAHA NE 68154-1859

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC PROJECT MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : SA11.941717**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 2750 KILLARNEY COURT

City State Zip Code  
OSHKOSH WI 54904-7306

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

Name of Employer Occupation  
RIVERSIDE ENDODONTICS OFFICE MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936777**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 2750 KILLARNEY COURT

City State Zip Code  
OSHKOSH WI 54904-7306

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

Name of Employer Occupation  
RIVERSIDE ENDODONTICS OFFICE MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014  
**Transaction ID : SA11.936974**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

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

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. PAMELA STRICKLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7517  
 City CHESTNUT MOUNTAIN State GA Zip Code 30502-0517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : SA11.938730**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**B. SUSAN STROTHMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8106 MILWAUKEE AVENUE  
 City WAUWATOSA State WI Zip Code 53213-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 03 / 2014  
**Transaction ID : SA11.935208**  
 Amount of Each Receipt this Period 220.00  
 CONTRIBUTION

**C. MR. RAYMOND N. SUTPHIN JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 N 119TH ST  
 City WAUWATOSA State WI Zip Code 53226-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : SA11.942340**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 175 OF 323  
(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)  
**A. JOHN C. SUTTNER**

Mailing Address P.O. BOX 187

City State Zip Code  
CHILTON WI 53014-0187

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

Name of Employer Occupation  
SUTTNER ACCOUNTING, INC CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
09 / 08 / 2014  
**Transaction ID : SA11.937655**

Amount of Each Receipt this Period  
35.00

CONTRIBUTION

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

Mailing Address 1100 FOUNTAIN HILLS DRIVE APT 308

City State Zip Code  
MOUNT PLEASANT WI 53406-6716

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 ▼  
230.00

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : SA11.942574**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 4045 S 54TH STREET

City State Zip Code  
MILWAUKEE WI 53220-2613

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

Name of Employer Occupation  
RETIRED N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
09 / 11 / 2014  
**Transaction ID : SA11.936959**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

**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

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(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. GARY TEEGARDIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2323 BRENT DRIVE

City DODGE CITY	State KS	Zip Code 67801-8447
--------------------	-------------	------------------------

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

Name of Employer SEPC	Occupation ELECTRICIAN
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	03	/	2014

**Transaction ID : SA11.935083**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
							10.00

**CONTRIBUTION**

**B. GARY TEEGARDIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2323 BRENT DRIVE

City DODGE CITY	State KS	Zip Code 67801-8447
--------------------	-------------	------------------------

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

Name of Employer SEPC	Occupation ELECTRICIAN
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	12	/	2014

**Transaction ID : SA11.937860**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
							20.00

**CONTRIBUTION**

**C. GARY TEEGARDIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2323 BRENT DRIVE

City DODGE CITY	State KS	Zip Code 67801-8447
--------------------	-------------	------------------------

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

Name of Employer SEPC	Occupation ELECTRICIAN
--------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	05	/	2014

**Transaction ID : SA11.938234**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
							10.00

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<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

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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. GARY TEEGARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 BRENT DRIVE  
 City DODGE CITY State KS Zip Code 67801-8447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEPC Occupation ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 08 / 2014  
**Transaction ID : SA11.938235**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**B. GARY TEEGARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 BRENT DRIVE  
 City DODGE CITY State KS Zip Code 67801-8447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEPC Occupation ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : SA11.938236**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**C. GARY TEEGARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 BRENT DRIVE  
 City DODGE CITY State KS Zip Code 67801-8447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEPC Occupation ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : SA11.942626**  
 Amount of Each Receipt this Period 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. GARY TEEGARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 BRENT DRIVE  
 City State Zip Code  
 DODGE CITY KS 67801-8447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SEPC ELECTRICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.942627**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. ALFRED THOMASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 50391  
 City State Zip Code  
 NASHVILLE TN 37205-0391  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.941769**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. VICKI THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1618 LILAC LANE  
 City State Zip Code  
 WARSAW IN 46580-2228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.940331**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. ROY THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4208 NORTH 27TH STREET  
 City TACOMA State WA Zip Code 98407-5217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 09 / 08 / 2014  
**Transaction ID : SA11.937314**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

**B. ROY THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4208 NORTH 27TH STREET  
 City TACOMA State WA Zip Code 98407-5217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 09 / 18 / 2014  
**Transaction ID : SA11.939990**  
 Amount of Each Receipt this Period 80.00  
 CONTRIBUTION

**C. ROY THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4208 NORTH 27TH STREET  
 City TACOMA State WA Zip Code 98407-5217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.943492**  
 Amount of Each Receipt this Period 90.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. WAYNE A. TOENJES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1104 FLINTS ROAD  
 City WAUSAU State WI Zip Code 54401-9049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAJOR INDUSTRIES Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.942208**  
 Amount of Each Receipt this Period 150.00  
 CONTRIBUTION

**B. D W. TORGERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 WISCONSIN STREET APT 229  
 City HUDSON State WI Zip Code 54016-1850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2014  
**Transaction ID : SA11.948322**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. ELIZABETH K. TOULON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 666  
 City KOLOA State HI Zip Code 96756-0666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 03 / 2014  
**Transaction ID : SA11.936691**  
 Amount of Each Receipt this Period 60.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 260.00  
**TOTAL** This Period (last page this line number only).....▶



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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JOHN S. TOWNSEND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8306 ROAD 3.2 NE  
 City State Zip Code  
 MOSES LAKE WA 98837-7801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.938463**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. KEITH P TRACY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 W HIDDEN RESERVE CIR  
 City State Zip Code  
 MEQUON WI 53092-5575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.938612**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. CARLA M. TRENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 CHESTNUT HILL COURT  
 APT 16  
 City State Zip Code  
 THOUSAND OAKS CA 91360-3893  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936711**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

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 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. CARLA M. TRENT**  
 Mailing Address 324 CHESTNUT HILL COURT  
 APT 16  
 City THOUSAND OAKS State CA Zip Code 91360-3893  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.937432**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CARLA M. TRENT**  
 Mailing Address 324 CHESTNUT HILL COURT  
 APT 16  
 City THOUSAND OAKS State CA Zip Code 91360-3893  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2014  
**Transaction ID : SA11.941715**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CLARENCE TREU**  
 Mailing Address 1037 ROSSTER RUN  
 City MIDDLETON State WI Zip Code 53562-3872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.939293**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **9969 S 60TH STREET**

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**09 / 25 / 2014**

**Transaction ID : SA11.942028**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. BERNARD VAN DINTER**

Mailing Address **8081 FIELDING LANE**

City State Zip Code  
**GREENDALE WI 53129-2115**

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 ▼  
**1000.00**

Date of Receipt  
**09 / 11 / 2014**

**Transaction ID : SA11.937523**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

Mailing Address **S5385 HANSON LANE**

City State Zip Code  
**VIROQUA WI 54665-8061**

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

Name of Employer Occupation  
**SELF EMPLOYED MENTAL HEALTH**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : SA11.940089**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **W264 S7715 MT. WHITNEY AVENUE**

City **WAUKESHA** State **WI** Zip Code **53189-9629**

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

Name of Employer **BUTTERS-FETTING GROUP** Occupation **STEAMFITTE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 17 / 2014**  
**Transaction ID : SA11.940940**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. MAE E. VANGSNESS**

Mailing Address **7300 W DEAN ROAD # 3060**

City **MILWAUKEE** State **WI** Zip Code **53223-2653**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 15 / 2014**  
**Transaction ID : SA11.939695**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **6802 FOX MEADOW LANE SE**

City **ADA** State **MI** Zip Code **49301-7559**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**09 / 09 / 2014**  
**Transaction ID : SA11.938126**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **800.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **26 PLYMOUTH PLACE**

City **EDISON**      State **NJ**      Zip Code **08837-3130**

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 ▼  
**395.00**

Date of Receipt  
**09 / 29 / 2014**

**Transaction ID : SA11.943366**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

Mailing Address **26 PLYMOUTH PLACE**

City **EDISON**      State **NJ**      Zip Code **08837-3130**

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 ▼  
**395.00**

Date of Receipt  
**09 / 29 / 2014**

**Transaction ID : SA11.943916**

Amount of Each Receipt this Period  
**60.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAMES H. VOLLSTEDT**

Mailing Address **333 8TH STREET**

City **FOND DU LAC**      State **WI**      Zip Code **54935-5234**

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 ▼  
**315.00**

Date of Receipt  
**09 / 03 / 2014**

**Transaction ID : SA11.936767**

Amount of Each Receipt this Period  
**70.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **330.00**

**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MR. JAMES H. VOLLSTEDT**

Mailing Address 333 8TH STREET

City State Zip Code  
FOND DU LAC WI 54935-5234

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 ▼  
315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.939972**

Amount of Each Receipt this Period  
60.00

CONTRIBUTION

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

Mailing Address N4W31933 WHITE TAIL RUN

City State Zip Code  
DELAFIELD WI 53018-2824

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 ▼  
1115.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941298**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address W1173 ILLINOIS AVENUE

City State Zip Code  
GREEN LAKE WI 54941-9706

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11.943609**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1260.00

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **12 PLEASANT STREET**

City **BURLINGTON**      State **MA**      Zip Code **01803-2727**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**09 / 08 / 2014**  
**Transaction ID : SA11.938345**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

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

Mailing Address **12 PLEASANT STREET**

City **BURLINGTON**      State **MA**      Zip Code **01803-2727**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**09 / 16 / 2014**  
**Transaction ID : SA11.939285**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

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

Mailing Address **12 PLEASANT STREET**

City **BURLINGTON**      State **MA**      Zip Code **01803-2727**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**09 / 30 / 2014**  
**Transaction ID : SA11.943529**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

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



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

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	<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)  
**A. LARRY WALSH**

Mailing Address **2321 SAINT ANTHONYS PLACE**

City <b>SIOUX CITY</b>	State <b>IA</b>	Zip Code <b>51108-3602</b>
---------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : SA11.943520**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **1900 ABBY ROAD**

City <b>CUMBERLAND</b>	State <b>WI</b>	Zip Code <b>54829-8705</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**09 / 12 / 2014**

**Transaction ID : SA11.939894**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **2205 FINK AVENUE**

City <b>WILLIAMSPORT</b>	State <b>PA</b>	Zip Code <b>17701-1215</b>
-----------------------------	--------------------	-------------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
**09 / 16 / 2014**

**Transaction ID : SA11.939726**

Amount of Each Receipt this Period  
**30.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>380.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. W HOWARD WALTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2205 FINK AVENUE  
 City WILLIAMSPORT State PA Zip Code 17701-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.941747**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. BETTY B. WARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3730 RAMSEY DRIVE  
 City MARIETTA State GA Zip Code 30062-8713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.941071**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. WALTER G. WARTOLEC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 927 CORNELL COURT  
 City MADISON State WI Zip Code 53705-2241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2014  
**Transaction ID : SA11.937472**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. WILLIAM WATERFIELD JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 960 ANDOVER WAY  
 City LOS ALTOS State CA Zip Code 94024-7006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PSYCHIATRIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.942327**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MARY ANN WATSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 PLAINVIEW ST  
 City MEMPHIS State TN Zip Code 38111-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 08 / 2014  
**Transaction ID : SA11.938351**  
 Amount of Each Receipt this Period 90.00  
 CONTRIBUTION

**C. MARY ANN WATSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 PLAINVIEW ST  
 City MEMPHIS State TN Zip Code 38111-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : SA11.938753**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 640.00  
**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 192 OF 323
	<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. MR. RICHARD WEAVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1502 RED TAIL DRIVE  
 City VERONA State WI Zip Code 53593-7968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 25 / 2014  
**Transaction ID : SA11.944162**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. BEATRICE WEBSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 86  
 City ELM GROVE State WI Zip Code 53122-0086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11.940030**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. LARRY W. WEIDIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3819 SOUTH 18TH STREET  
 City SHEBOYGAN State WI Zip Code 53081-7111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.942384**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

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

Mailing Address **3819 SOUTH 18TH STREET**

City **SHEBOYGAN** State **WI** Zip Code **53081-7111**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**09 / 05 / 2014**  
**Transaction ID : SA11.948334**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **19355 CYPRESS RIDGE TER UNIT 806**

City **LEESBURG** State **VA** Zip Code **20176-6916**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 05 / 2014**  
**Transaction ID : SA11.937771**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address **19355 CYPRESS RIDGE TER UNIT 806**

City **LEESBURG** State **VA** Zip Code **20176-6916**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**09 / 23 / 2014**  
**Transaction ID : SA11.942938**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **250.00**

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

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

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

FOR LINE NUMBER: PAGE 194 OF 323  
(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. JON WEIS**

Mailing Address **S36W27905 ROBIN HILL CIR**

City **WAUKESHA** State **WI** Zip Code **53189-6109**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : SA11.943198**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address **5129 WHITCOMB DRIVE**

City **MADISON** State **WI** Zip Code **53711-2636**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
**09 / 26 / 2014**  
**Transaction ID : SA11.943225**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

Mailing Address **726 FARWELL DR**

City **MADISON** State **WI** Zip Code **53704-6032**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
**09 / 02 / 2014**  
**Transaction ID : SA11.935126**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **650.00**

**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 195 OF 323  
(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. ROBERT E. WESTERVELT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8644 BLACKWOLF DRIVE  
 City MADISON State WI Zip Code 53717-2139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.937168**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. PEGGY J. WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N49 W15914 CAITLIN COURT  
 City MENOMONEE FALLS State WI Zip Code 53051-7543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.942210**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**C. ALICE M. WHITMORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 798 FAIRWAY DRIVE  
 City MOSINEE State WI Zip Code 54455-8278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.943741**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**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 196 OF 323  
(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. MR. GLEN M. WIESE**

Mailing Address 1412 RIVERSIDE DRIVE

City State Zip Code  
RIVER FALLS WI 54022-3248

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 ▼  
233.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939372**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

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

Mailing Address 7760 SANTA ROSA ROAD

City State Zip Code  
BUELLTON CA 93427-9421

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11.936734**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. HOWARD A. WILL JR.**

Mailing Address N9242 S SHORE DRIVE

City State Zip Code  
EAST TROY WI 53120-2178

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 ▼  
2450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SA11.941585**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 735.00

**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 197 OF 323  
(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. CARRIE WILSON**

Mailing Address P.O. BOX 78260

City State Zip Code  
NEWPORT KY 41076-

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 ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.938858**

Amount of Each Receipt this Period  
700.00

CONTRIBUTION

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

Mailing Address PO BOX212

City State Zip Code  
FAIRBURY IL 61739-0212

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 ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.941317**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 3702 TIMBER TRAILS COURT

City State Zip Code  
EAU CLAIRE WI 54701-9001

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

Name of Employer Occupation  
EVERGREEN SURGICAL SURGEON

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.937705**

Amount of Each Receipt this Period  
400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00

**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 198 OF 323
	<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)  
**A. RICHARD WOLDING**

Mailing Address P.O. BOX 68

City Nelsonville State WI Zip Code 54458-0068

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

Name of Employer SELF EMPLOYED Occupation TRUCKING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

Transaction ID : **SA11.943422**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

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

Mailing Address 3108 CAMINO DE LA SIERRA

City Albuquerque State NM Zip Code 87111-5604

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

Name of Employer LZ TECHNOLOGY Occupation ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2014**

Transaction ID : **SA11.936527**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address 2335 PATRIOT LANE

City Oshkosh State WI Zip Code 54904-6928

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2014**

Transaction ID : **SA11.948470**

Amount of Each Receipt this Period  
**35.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>535.00</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: (check only one)	PAGE 199 OF 323
	<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**

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

Mailing Address 2643 W LAKE VISTA COURT

City	State	Zip Code
MEQUON	WI	53092-2422

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 ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11.939111**

Amount of Each Receipt this Period  
110.00

CONTRIBUTION

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

Mailing Address 1006 SLATEWORTH DR.

City	State	Zip Code
DURHAM	NC	27703-6180

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11.943401**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address T5942 N TROY ST

City	State	Zip Code
WAUSAU	WI	54403-2065

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF

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  
 09 / 10 / 2014

**Transaction ID : SA11.937832**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.00
<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

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 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. MARY WUTKE**

Mailing Address **6 SHEFFORD CIRCLE**

City State Zip Code  
**MADISON WI 53719-1415**

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

Name of Employer Occupation  
**SELF EMPLOYED FINANCE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1750.00**

Date of Receipt  
**09 / 02 / 2014**

**Transaction ID : SA11.936511**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARY WUTKE**

Mailing Address **6 SHEFFORD CIRCLE**

City State Zip Code  
**MADISON WI 53719-1415**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**SELF EMPLOYED FINANCE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1750.00**

Date of Receipt  
**09 / 17 / 2014**

**Transaction ID : SA11.941067**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CRAIG WYLIE**

Mailing Address **5093 N WOODROW AVE**

City State Zip Code  
**FRESNO CA 93720-**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**09 / 10 / 2014**

**Transaction ID : SA11.938681**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **625.00**

**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 201 OF 323
	<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)  
**A. CRAIG WYLIE**

Mailing Address **5093 N WOODROW AVE**

City **FRESNO** State **CA** Zip Code **93720-**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 17 / 2014**

**Transaction ID : SA11.941143**

Amount of Each Receipt this Period **125.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PATRICIA A. WYSONG**

Mailing Address **2707 CLUBLAKE TRAIL**

City **MCKINNEY** State **TX** Zip Code **75070-4009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BRAD WYSONG, MDPA** Occupation **RADIOLOGIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 03 / 2014**

**Transaction ID : SA11.935992**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PATRICIA A. WYSONG**

Mailing Address **2707 CLUBLAKE TRAIL**

City **MCKINNEY** State **TX** Zip Code **75070-4009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BRAD WYSONG, MDPA** Occupation **RADIOLOGIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 22 / 2014**

**Transaction ID : SA11.942790**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>625.00</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 202 OF 323  
(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. MARION S. YERKES**

Mailing Address 3679 BLACKFOOT CT SW

City State Zip Code  
GRANDVILLE MI 49418-1721

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 ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : SA11.939089**

Amount of Each Receipt this Period  
75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. THOMAS P. YOUNG**

Mailing Address 7 CENTER CROSSING

City State Zip Code  
FAIRPORT NY 14450-8715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HARTER SECREST & EMERY, LLP ATTORNEY

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  
 09 / 26 / 2014  
**Transaction ID : SA11.943052**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANDREJ J. ZAJAC**

Mailing Address 9724 ACORN DRIVE

City State Zip Code  
SAINT JOHN IN 46373-9524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RADIATION MEDICINE ASSOCIATES, PC PHYSICIAN

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  
 09 / 03 / 2014  
**Transaction ID : SA11.936804**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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

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(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. AUGUST F. ZANOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8614 N 56TH STREET  
 City BROWN DEER State WI Zip Code 53223-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 02 / 2014  
**Transaction ID : SA11.936240**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**B. AUGUST F. ZANOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8614 N 56TH STREET  
 City BROWN DEER State WI Zip Code 53223-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 18 / 2014  
**Transaction ID : SA11.940230**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**C. AUGUST F. ZANOWSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8614 N 56TH STREET  
 City BROWN DEER State WI Zip Code 53223-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 29 / 2014  
**Transaction ID : SA11.943440**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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

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(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)  
**A. INTL UNION OF OP ENG LOCAL 139**

Mailing Address **PO BOX 130**

City **PEWAUKEE** State **WI** Zip Code **53072-0130**

FEC ID number of contributing federal political committee. **C C00423731**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**09 / 11 / 2014**

**Transaction ID : SA11.946750**

Amount of Each Receipt this Period  
**5000.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>168360.53</b>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 323  
(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. REPUBLICAN PARTY OF PORTAGE COUNTY**

Mailing Address PO BOX 590

City State Zip Code  
 STEVENS POINT WI 54481-0590

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

Transaction ID : SA11.948280

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 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).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 323  
(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. COPART INC. PAC**

Mailing Address **4665 BUSINESS CENTER DRIVE**

City State Zip Code  
**FAIRFIELD CA 94534-**

FEC ID number of contributing federal political committee. **C C00452581**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt  
**09 / 22 / 2014**

**Transaction ID : SA11.948279**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHNSON & JOHNSON FEDERAL PAC**

Mailing Address **1 JOHNSON & JOHNSON PLAZA**

City State Zip Code  
**NEW BRUNSWICK NJ 08933-0001**

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**09 / 17 / 2014**

**Transaction ID : SA11.948282**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NEXTERA ENERGY PAC**

Mailing Address **700 UNIVERSE BLVD**

City State Zip Code  
**JUNO BEACH FL 33408-2657**

FEC ID number of contributing federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3500.00**

Date of Receipt  
**09 / 26 / 2014**

**Transaction ID : SA11.948276**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **6000.00**

**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 208 OF 323
<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**

Full Name (Last, First, Middle Initial)  
**A. THRIVENT FINANCIAL FOR LUTHERANS EMPLOYEE PAC**

Mailing Address **POST OFFICE BOX 1892**

City **APPLETON** State **WI** Zip Code **54912-1892**

FEC ID number of contributing federal political committee. **C C00121319**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
**09 / 17 / 2014**  
**Transaction ID : SA11.948281**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. US VENTURE US PAC**

Mailing Address **425 BETTER WAY**

City **APPLETON** State **WI** Zip Code **54915-6192**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
**09 / 04 / 2014**  
**Transaction ID : SA11.936906**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>20500.00</b>

**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 209 OF 323
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN NATIONAL COMMITTEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014 <b>Transaction ID : SA11.948284</b>
Mailing Address 310 1ST ST SE		Amount of Each Receipt this Period 80550.00
City WASHINGTON	State DC	Zip Code 20003-1885
FEC ID number of contributing federal political committee.	C C00003418	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 633500.00	
TRANSFER		

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN NATIONAL COMMITTEE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : SA11.948285</b>
Mailing Address 310 1ST ST SE		Amount of Each Receipt this Period 80550.00
City WASHINGTON	State DC	Zip Code 20003-1885
FEC ID number of contributing federal political committee.	C C00003418	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 633500.00	
TRANSFER		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	161100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	161100.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 323  
(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. REPUBLICAN PARTY OF SAUK COUNTY**

Mailing Address **S8261 KASSNER ROAD**

City State Zip Code  
**MERRIMAC WI 53561-**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt  
 /  /   
**09 / 04 / 2014**

**Transaction ID : SA11.936905**

Amount of Each Receipt this Period  
 **800.00**

REFUND

Full Name (Last, First, Middle Initial)  
**B. DOUGLAS COUNTY REPUBLICAN PARTY**

Mailing Address **P.O. BOX 1555**

City State Zip Code  
**SUPERIOR WI 54880-0417**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
 /  /   
**09 / 11 / 2014**

**Transaction ID : SA11.946749**

Amount of Each Receipt this Period  
 **200.00**

REFUND

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1000.00</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. ADVANTAGE DIRECT**

Mailing Address 2300 CLARENDON BOULEVARD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
AUTO CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB21B.I20371

Amount of Each Disbursement this Period

247.78

**B. ADVANTAGE DIRECT**

Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BOULEVARD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
AUTO CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.I20372

Amount of Each Disbursement this Period

824.84

**C. ADVANTAGE DIRECT**

Full Name (Last, First, Middle Initial)

Mailing Address 2300 CLARENDON BOULEVARD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
AUTO CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : SB21B.I20373

Amount of Each Disbursement this Period

4667.76

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5740.38

**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. ADVANTAGE DIRECT**

Mailing Address 2300 CLARENDON BOULEVARD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
AUTO CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	4

Transaction ID : SB21B.I20374

Amount of Each Disbursement this Period

2	6	9	2	0	.	3	9
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	4

Transaction ID : SB21B.I20392

Amount of Each Disbursement this Period

1	5	5	.	2	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. AMERICAN LIBERTY GROUP**

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	4

Transaction ID : SB21B.I20452

Amount of Each Disbursement this Period

1	8	4	0	1	.	6	0
---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	4	7	7	.	2	3
---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

4	5	4	7	7	.	2	3
---	---	---	---	---	---	---	---



**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. AMERICAN LIBERTY GROUP**

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : SB21B.I20453

Amount of Each Disbursement this Period

31429.99

Full Name (Last, First, Middle Initial)

**B. AMERICAN LIBERTY GROUP**

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
09 / 05 / 2014

Transaction ID : SB21B.I20454

Amount of Each Disbursement this Period

31788.57

Full Name (Last, First, Middle Initial)

**C. AMERICAN LIBERTY GROUP**

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SB21B.I20455

Amount of Each Disbursement this Period

49183.23

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

112401.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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. APPLETON WEST END REALTY LLC**

Mailing Address 512 W. COLLEGE AVE

City APPLETON State WI Zip Code 54911

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20466

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. ARENA COMMUNICATIONS**

Mailing Address 1780 W SEQUOIA VISTA CIRCLE

City SALT LAKE CITY State UT Zip Code 84104

Purpose of Disbursement  
PRINTING-NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : SB21B.I20508

Amount of Each Disbursement this Period

95501.00

Full Name (Last, First, Middle Initial)

**C. ARENA COMMUNICATIONS**

Mailing Address 1780 W SEQUOIA VISTA CIRCLE

City SALT LAKE CITY State UT Zip Code 84104

Purpose of Disbursement  
PRINTING-NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB21B.I20509

Amount of Each Disbursement this Period

96266.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

192467.00

**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. ASPECT CONSULTING, LLC**

Mailing Address 8401 EXCELSIOR DRIVE

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SB21B.I20386

Amount of Each Disbursement this Period

7211.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. BANCARD/FIS MERCHANT SERVICES**

Mailing Address 11000 W LAKE PARK DRIVE

City MILWAUKEE State WI Zip Code 53224

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : SB21B.I20393

Amount of Each Disbursement this Period

25.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. BANCARD/FIS MERCHANT SERVICES**

Mailing Address 11000 W LAKE PARK DRIVE

City MILWAUKEE State WI Zip Code 53224

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2014

Transaction ID : SB21B.I20394

Amount of Each Disbursement this Period

905.92

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8141.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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. BENJAMIN PLUMBING INC.**

Mailing Address 5396 KING JAMES WAY

City MADISON State WI Zip Code 53719

Purpose of Disbursement  
CUSTODIAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

**Transaction ID : SB21B.I20435**

Amount of Each Disbursement this Period

3	1	9	.	0	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BMO Harris Bank**

Mailing Address 770 N Water Street

City Milwaukee State WI Zip Code 53201

Purpose of Disbursement  
Bank Fee Refund

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	4

**Transaction ID : 21BMCW102314A**

Amount of Each Disbursement this Period

-	2	8	0	.	5	9
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. BMO Harris Bank**

Mailing Address 770 N Water Street

City Milwaukee State WI Zip Code 53201

Purpose of Disbursement  
Bank Fee Refund

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

**Transaction ID : 21BMCW102314B**

Amount of Each Disbursement this Period

-	2	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

-	1	6	1	.	5	4
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**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. BMO HARRIS BANK**

Mailing Address PO BOX 84047

City State Zip Code  
COLUMBUS GA 31908

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 : KML1023C**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20375**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20376**

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. BMO HARRIS BANK NA 4587**

Mailing Address P.O. BOX 84047

City State Zip Code  
COLUMBUS GA 31908

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

Transaction ID : **SB21B.I20390**

Amount of Each Disbursement this Period

1367.46
---------

Full Name (Last, First, Middle Initial)

**B. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : **SB21B.I20538**

Amount of Each Disbursement this Period

158.13
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : **SB21B.I20539**

Amount of Each Disbursement this Period

39.00
-------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1367.46
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**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. BROCACH IRISH PUB**

Mailing Address 7 W MAIN ST

City MADISON State WI Zip Code 53703-3305

Purpose of Disbursement  
STAFF LUNCHES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : SB21B.I20527

Amount of Each Disbursement this Period

97.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DOMAIN/HOSTING SERVICES**

Mailing Address 14455 N HAYDEN ROAD  
SUITE 219

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
WEBSITE HOSTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2014

Transaction ID : SB21B.I20530

Amount of Each Disbursement this Period

79.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GLASS NICKEL PIZZA**

Mailing Address 2916 ATWOOD AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
STAFF LUNCHES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2014

Transaction ID : SB21B.I20532

Amount of Each Disbursement this Period

146.91

[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. GLASS NICKEL PIZZA**

Mailing Address 2916 ATWOOD AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
STAFF LUNCHES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	4

Transaction ID : SB21B.I20533

Amount of Each Disbursement this Period

6	6	.	5	5
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN HOTEL**

Mailing Address 615 S 24TH AVENUE

City WAUSAU State WI Zip Code 54401

Purpose of Disbursement  
STAFF LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	4

Transaction ID : SB21B.I20534

Amount of Each Disbursement this Period

1	4	6	.	4	2
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VERTICAL RESPONSE**

Mailing Address 50 BEALE STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
WEBSITE MAINTENANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	4

Transaction ID : SB21B.I20536

Amount of Each Disbursement this Period

4	9	9	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
---	---	---

0	0	0
---	---	---



**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. WALL STREET JOURNAL**

Mailing Address 1211 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2014

Transaction ID : SB21B.I20537

Amount of Each Disbursement this Period

22.99
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BMO HARRIS BANK NA 4595 1824**

Mailing Address CREDIT CARD PROCESSING CENTER

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

Transaction ID : SB21B.I20391

Amount of Each Disbursement this Period

5875.01
---------

Full Name (Last, First, Middle Initial)

**C. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : SB21B.I20568

Amount of Each Disbursement this Period

39.00
-------

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5875.01
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**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. CROWNE PLAZA MILWAUKEE**

Mailing Address 10499 INNOVATION DRIVE

City State Zip Code  
WAUWATOSA WI 53226

Purpose of Disbursement  
STAFF LODGING

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
08		12		2014

Transaction ID : SB21B.I20541

Amount of Each Disbursement this Period

194.52
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CROWNE PLAZA MILWAUKEE**

Mailing Address 10499 INNOVATION DRIVE

City State Zip Code  
WAUWATOSA WI 53226

Purpose of Disbursement  
STAFF LODGING

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
08		12		2014

Transaction ID : SB21B.I20542

Amount of Each Disbursement this Period

206.03
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CROWNE PLAZA MILWAUKEE**

Mailing Address 10499 INNOVATION DRIVE

City State Zip Code  
WAUWATOSA WI 53226

Purpose of Disbursement  
STAFF LODGING

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
08		12		2014

Transaction ID : SB21B.I20543

Amount of Each Disbursement this Period

206.03
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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. FTD.COM**

Mailing Address 3113 WOODCREEK DRIVE

City State Zip Code  
DOWNERS GROVE IL 60515

Purpose of Disbursement  
GIFTS GIVEN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : SB21B.I20547

Amount of Each Disbursement this Period

166.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GAB E PAY VOTER DATA**

Mailing Address 212 E WASHINGTON AVENUE

City State Zip Code  
MADISON WI 53707

Purpose of Disbursement  
OPEN RECORD REQUEST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

Transaction ID : SB21B.I20548

Amount of Each Disbursement this Period

110.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GAB E PAY VOTER DATA**

Mailing Address 212 E WASHINGTON AVENUE

City State Zip Code  
MADISON WI 53707

Purpose of Disbursement  
OPEN RECORD REQUEST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

Transaction ID : SB21B.I20549

Amount of Each Disbursement this Period

275.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. GAB E PAY VOTER DATA**

Mailing Address 212 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53707

Purpose of Disbursement  
OPEN RECORD REQUEST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : SB21B.I20550

Amount of Each Disbursement this Period

95.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GAB E PAY VOTER DATA**

Mailing Address 212 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53707

Purpose of Disbursement  
OPEN RECORD REQUEST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : SB21B.I20551

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GAB E PAY VOTER DATA**

Mailing Address 212 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53707

Purpose of Disbursement  
OPEN RECORD REQUEST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : SB21B.I20552

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. HILTON HOTELS CORP**

Mailing Address PHOENIX CENTRAL ACCOUNTING  
2901 NORTH CENTRAL AVE #600

City PHOENIX State AZ Zip Code 85012-2724

Purpose of Disbursement  
STAFF LODGING

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
08	/	14	/	2014

Transaction ID : SB21B.I20553

Amount of Each Disbursement this Period

300.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. IN DIGITAL OUTDOORS**

Mailing Address .

City RHINELANDER State WI Zip Code 54501

Purpose of Disbursement  
ADVERTISING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2014

Transaction ID : SB21B.I20554

Amount of Each Disbursement this Period

400.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MICROSOFT**

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	01	/	2014

Transaction ID : SB21B.I20555

Amount of Each Disbursement this Period

112.00
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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. OFFICE DEPOT**

Mailing Address 676 S WHITNEY WAY

City MADISON State WI Zip Code 53711

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2014

Transaction ID : SB21B.I20557

Amount of Each Disbursement this Period

478.25
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. PENSKE TRUCK LEASING CO.**

Mailing Address PO BOX 802577

City CHICAGO State IL Zip Code 60680-2577

Purpose of Disbursement  
MOVING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2014

Transaction ID : SB21B.I20559

Amount of Each Disbursement this Period

41.98
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PENSKE TRUCK LEASING CO.**

Mailing Address PO BOX 802577

City CHICAGO State IL Zip Code 60680-2577

Purpose of Disbursement  
MOVING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB21B.I20560

Amount of Each Disbursement this Period

254.78
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00
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**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. SAFESoft SOLUTIONS**

Mailing Address 20950 WARNER CENTER LANE

City WOODLAND State CA Zip Code 91367

Purpose of Disbursement  
PREDICTIVE DIALER

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20561

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE MADISON CONCOURSE**

Mailing Address 1 W DAYTON ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
EVENT HOSTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20556

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 2811 MILTON AVENUE

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20562

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
FED EVENTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : SB21B.I20566

Amount of Each Disbursement this Period

191.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
REFUND OF BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

Transaction ID : SB21B.I20598

Amount of Each Disbursement this Period

-280.59

Full Name (Last, First, Middle Initial)

**C. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
REFUND OF BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20599

Amount of Each Disbursement this Period

-200.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

-480.59



**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. BOULDER VENTURE 26 LLC**

Mailing Address 311 E CHICAGO STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2014

Transaction ID : SB21B.I20467

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. BRIDGETREE**

Mailing Address P.O. BOX 601289

City CHARLOTTE State NC Zip Code 28260

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB21B.I20438

Amount of Each Disbursement this Period

6750.00

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN NOW**

Mailing Address 1126 S 70TH ST

City MILWAUKEE State WI Zip Code 53214

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2014

Transaction ID : SB21B.I20447

Amount of Each Disbursement this Period

257.44

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7307.44

**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. CAMPAIGN NOW**

Mailing Address 1126 S 70TH ST

City MILWAUKEE State WI Zip Code 53214

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB21B.I20448

Amount of Each Disbursement this Period

9121.96

Full Name (Last, First, Middle Initial)

**B. CENTURY LINK**

Mailing Address P.O. BOX 4300

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
INTERNET

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SB21B.I20458

Amount of Each Disbursement this Period

105.08

Full Name (Last, First, Middle Initial)

**C. CHARTER - EAU CLAIRE**

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
CABLE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SB21B.I20377

Amount of Each Disbursement this Period

223.76

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9450.80

**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 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. CHARTER - JANESVILLE**

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
CABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	4

Transaction ID : SB21B.I20378

Amount of Each Disbursement this Period

1	8	7	3	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. CHARTER - MADISON**

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
CABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : SB21B.I20379

Amount of Each Disbursement this Period

2	2	0	6	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. CHARTER COMM**

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
CABLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	4

Transaction ID : SB21B.I20380

Amount of Each Disbursement this Period

3	7	5	7	6
---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	8	3	8	4
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**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. CITY TREASURER - WATER/SEWER**

Mailing Address P.O. BOX 2997

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I20515

Amount of Each Disbursement this Period

445.38

Full Name (Last, First, Middle Initial)

**B. COCA COLA ENTERPRISES**

Mailing Address 2335 PAYSHERE CIRCLE

City CHICAGO State IL Zip Code 60674

Purpose of Disbursement  
OFFICE SODA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I20483

Amount of Each Disbursement this Period

21.10

Full Name (Last, First, Middle Initial)

**C. COCA COLA ENTERPRISES**

Mailing Address 2335 PAYSHERE CIRCLE

City CHICAGO State IL Zip Code 60674

Purpose of Disbursement  
OFFICE SODA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SB21B.I20484

Amount of Each Disbursement this Period

21.10

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

487.58

**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. CROSS RHODES STRATEGIES**

Mailing Address P.O. BOX 1264

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	4		

Transaction ID : SB21B.I20387

Amount of Each Disbursement this Period

8	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DAN MORSE CONSULTING LLC**

Mailing Address 5205 BARTON ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement  
FUNDRAISING CONSULTANT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	4		

Transaction ID : SB21B.I20457

Amount of Each Disbursement this Period

4	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DAVID KAYE ENTERPRISES, LLC**

Mailing Address ATTN: AMY HOLTZ

City ROCHESTER State MN Zip Code 55906

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	4		

Transaction ID : SB21B.I20468

Amount of Each Disbursement this Period

1	5	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	4	0	0	.	0	0
---	---	---	---	---	---	---

1	4	0	0	.	0	0
---	---	---	---	---	---	---

**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. EDGEWOOD PLAZA JOINT VENTURE**

Mailing Address 10400 W INNOVATION DRIVE

City MILWAUKEE State WI Zip Code 53226

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20469

Amount of Each Disbursement this Period

1160.94

Full Name (Last, First, Middle Initial)

**B. FED EX**

Mailing Address P.O. BOX 94515

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I20512

Amount of Each Disbursement this Period

17.40

Full Name (Last, First, Middle Initial)

**C. FED EX**

Mailing Address P.O. BOX 94515

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
SHIPPING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SB21B.I20513

Amount of Each Disbursement this Period

54.43

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1232.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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. FLS CONNECT**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128-7143

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : **SB21B.I20388**

Amount of Each Disbursement this Period

33.13

Full Name (Last, First, Middle Initial)

**B. HILL ELECTRIC**

Mailing Address 1513 EMIL STREET

City MADISON State WI Zip Code 53713

Purpose of Disbursement  
OFFICE MAINTENANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **SB21B.I20462**

Amount of Each Disbursement this Period

286.50

Full Name (Last, First, Middle Initial)

**C. HILLCREST PROPERTIES LTD.**

Mailing Address 2986 COUNTY ROAD PP

City DEPERE State WI Zip Code 54115

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : **SB21B.I20470**

Amount of Each Disbursement this Period

1225.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1544.63

**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. IMPACT ACQUISITIONS, LLC**

Mailing Address 75 REMITTANCE DRIVE

City State Zip Code  
CHICAGO IL 60675

Purpose of Disbursement  
COPIER LEASE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **SB21B.I20389**

Amount of Each Disbursement this Period

2589.06

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. ISTREAM**

Mailing Address 13555 BISHOPS CT, STE 102

City State Zip Code  
BROOKFIELD WI 53005

Purpose of Disbursement  
CHECK PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : **SB21B.I20384**

Amount of Each Disbursement this Period

671.65

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JOURNAL BROADCAST GROUP**

Mailing Address 720 E CAPITOL DRIVE

City State Zip Code  
MILWAUKEE WI 53212

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : **SB21B.I20514**

Amount of Each Disbursement this Period

900.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4160.71



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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. LA CROSSE DEPOT**

Mailing Address P.O. BOX 1283

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : **SB21B.I20471**

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. LA CROSSE DEPOT**

Mailing Address P.O. BOX 1283

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **SB21B.I20516**

Amount of Each Disbursement this Period

264.98

Full Name (Last, First, Middle Initial)

**C. LAPPIN HAYES ASSOCIATES**

Mailing Address C/O OGDEN AND COMPANT, INC

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : **SB21B.I20472**

Amount of Each Disbursement this Period

900.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2364.98



**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. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE

City State Zip Code  
PONTE VEDRA BEACH FL 32082

Purpose of Disbursement  
PRINTING-NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.I20505

Amount of Each Disbursement this Period

1725.00

Full Name (Last, First, Middle Initial)

**B. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE

City State Zip Code  
PONTE VEDRA BEACH FL 32082

Purpose of Disbursement  
PRINTING-NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SB21B.I20506

Amount of Each Disbursement this Period

2900.00

Full Name (Last, First, Middle Initial)

**C. MAYFAIR OFFICE, LLC**

Mailing Address BIN # 88144

City State Zip Code  
MILWAUKEE WI 53288

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20474

Amount of Each Disbursement this Period

800.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5425.00

**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. MG&E**

Mailing Address P.O. BOX 1231

City MADISON State WI Zip Code 53701-1231

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

**Transaction ID : SB21B.I20518**

Amount of Each Disbursement this Period

1040.70

Full Name (Last, First, Middle Initial)

**B. MICROAGE**

Mailing Address P.O. BOX 2941

City PHOENIX State AZ Zip Code 85062

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

**Transaction ID : SB21B.I20461**

Amount of Each Disbursement this Period

3093.24

Full Name (Last, First, Middle Initial)

**C. MILLS ENTERPRISES, LLC**

Mailing Address 4015 80TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2014

**Transaction ID : SB21B.I20475**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5133.94

**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 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. MILLS ENTERPRISES, LLC**

Mailing Address 4015 80TH STREET

City KENOSHA State WI Zip Code 53142

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB21B.I20519

Amount of Each Disbursement this Period

621.40

Full Name (Last, First, Middle Initial)

**B. NGAN LEE**

Mailing Address S4185 WHISPERING PINES DRIVE

City BARABOO State WI Zip Code 53913

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SB21B.I20476

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. NONBOX**

Mailing Address 5307 S 92ND ST

City HALES CORNERS State WI Zip Code 53130

Purpose of Disbursement  
ADVERTISING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SB21B.I20524

Amount of Each Disbursement this Period

3619.05

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5040.45

**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. ONLINE SERVICES, LLC**

Mailing Address 21520 W GREENFIELD AVENUE

City NEW BERLIN State WI Zip Code 53146

Purpose of Disbursement  
CLOTHING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I20385

Amount of Each Disbursement this Period

7627.51

Full Name (Last, First, Middle Initial)

**B. OUGHTON GROUP, LLC**

Mailing Address 824A S MAIN STREET

City FOND DU LAC State WI Zip Code 54935

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20477

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA ST

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : KML1023B

Amount of Each Disbursement this Period

526.48

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9153.99

**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. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20395**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20396**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20397**

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. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

**Transaction ID : SB21B.I20398**

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SB21B.I20399**

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SB21B.I20400**

Amount of Each Disbursement this Period

29.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

87.00



# 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. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB21B.I20401

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

### B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB21B.I20402

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

### C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB21B.I20403

Amount of Each Disbursement this Period

29.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

87.00

**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. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 11 / 2014

Transaction ID : SB21B.I20404

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 17 / 2014

Transaction ID : SB21B.I20405

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 17 / 2014

Transaction ID : SB21B.I20406

Amount of Each Disbursement this Period

29.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

87.00

**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. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20407**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20408**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20409**

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)  
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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. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : SB21B.I20410**

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : SB21B.I20411**

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : SB21B.I20412**

Amount of Each Disbursement this Period

34.47

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

92.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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)  
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Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20413

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20414

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20415

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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Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SB21B.I20416

Amount of Each Disbursement this Period

92.69

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2014

Transaction ID : SB21B.I20417

Amount of Each Disbursement this Period

96.70

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2014

Transaction ID : SB21B.I20418

Amount of Each Disbursement this Period

122.21

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

311.60

**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. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20419

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20420

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I20421

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)  
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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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Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20422**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20423**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20424**

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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Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : SB21B.I20425

Amount of Each Disbursement this Period

320.66

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : SB21B.I20426

Amount of Each Disbursement this Period

330.70

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

Transaction ID : SB21B.I20427

Amount of Each Disbursement this Period

333.65

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

985.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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<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)  
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Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20428**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20429**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I20430**

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**

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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. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 03 / 2014

Transaction ID : SB21B.I20432

Amount of Each Disbursement this Period

586.51

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 10 / 2014

Transaction ID : SB21B.I20433

Amount of Each Disbursement this Period

1301.53

Full Name (Last, First, Middle Initial)

**C. PRIME CAPITAL, LLC**

Mailing Address P.O. BOX 1573

City State Zip Code  
WAUSAU WI 54402

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 17 / 2014

Transaction ID : SB21B.I20478

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2888.04

**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. PRO ONE JANITORIAL, INC.**

Mailing Address 1101 ASHWAUBENON ST.

City GREEN BAY State WI Zip Code 54304

Purpose of Disbursement  
CUSTODIAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB21B.I20436

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. PRO ONE JANITORIAL, INC.**

Mailing Address 1101 ASHWAUBENON ST.

City GREEN BAY State WI Zip Code 54304

Purpose of Disbursement  
CUSTODIAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SB21B.I20437

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. PUBLIC OPINION STRATEGIES, LLC**

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2014

Transaction ID : SB21B.I20498

Amount of Each Disbursement this Period

10500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11500.00

# 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. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB21B.I20499

Amount of Each Disbursement this Period

10500.00

Full Name (Last, First, Middle Initial)

### B. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB21B.I20500

Amount of Each Disbursement this Period

10500.00

Full Name (Last, First, Middle Initial)

### C. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB21B.I20501

Amount of Each Disbursement this Period

20500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

41500.00

**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. PUSH DIGITAL**

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SB21B.I20449

Amount of Each Disbursement this Period

5766.34

Full Name (Last, First, Middle Initial)

**B. PUSH DIGITAL**

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 05 / 2014

Transaction ID : SB21B.I20450

Amount of Each Disbursement this Period

7555.88

Full Name (Last, First, Middle Initial)

**C. RIVER CITY PARTNERS, LLC**

Mailing Address 3033 EXCELSIOR BLVD

City MINNEAPOLIS State MN Zip Code 55416

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 17 / 2014

Transaction ID : SB21B.I20479

Amount of Each Disbursement this Period

1200.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14522.22

**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. RJ JOHNSON & ASSOCIATES, INC**

Mailing Address N7130 NORTH LOST LAKE ROAD

City RANDOLPH State WI Zip Code 53956

Purpose of Disbursement  
POLITICAL CONSULTING: STRATEGY

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	4

Transaction ID : SB21B.I20497

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. SCM ASSOCIATES, INC.**

Mailing Address 1283 MAIN STREET

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : SB21B.I20439

Amount of Each Disbursement this Period

5	6	0	2	.	3	8			

Full Name (Last, First, Middle Initial)

**C. SHADOW FAX**

Mailing Address 4601 HELFESEN DR

City MADISON State WI Zip Code 53718

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	4

Transaction ID : SB21B.I20485

Amount of Each Disbursement this Period

7	9	.	1	3					

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	5	6	8	1	.	5	1		


**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. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB21B.I20440

Amount of Each Disbursement this Period

2405.92

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : SB21B.I20441

Amount of Each Disbursement this Period

2528.10

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

Transaction ID : SB21B.I20442

Amount of Each Disbursement this Period

4366.86

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9300.88



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB21B.I20443

Amount of Each Disbursement this Period

9710.45

Full Name (Last, First, Middle Initial)

**B. SPRINT**

Mailing Address P.O. BOX 4181

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
CELL PHONES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I20382

Amount of Each Disbursement this Period

52.54

Full Name (Last, First, Middle Initial)

**C. SPRINT**

Mailing Address P.O. BOX 4181

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
CELL PHONES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I20383

Amount of Each Disbursement this Period

1134.96

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10897.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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. STEVE BROWN FL**

Mailing Address 3864 W MILLERS BRIDGE ROAD

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2014

Transaction ID : SB21B.I20444

Amount of Each Disbursement this Period

1647.80

Full Name (Last, First, Middle Initial)

**B. STEVE BROWN FL**

Mailing Address 3864 W MILLERS BRIDGE ROAD

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : SB21B.I20445

Amount of Each Disbursement this Period

5036.24

Full Name (Last, First, Middle Initial)

**C. STEVE BROWN FL**

Mailing Address 3864 W MILLERS BRIDGE ROAD

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2014

Transaction ID : SB21B.I20446

Amount of Each Disbursement this Period

7869.12

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

14553.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC FUNDRAISING**

Mailing Address 2625 MOMENTUM PLACE

City CHICAGO State IL Zip Code 60689

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SB21B.I20456

Amount of Each Disbursement this Period

10976.40

Full Name (Last, First, Middle Initial)

**B. TDS - MADISON 5590**

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
OFFICE PHONES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB21B.I20463

Amount of Each Disbursement this Period

346.00

Full Name (Last, First, Middle Initial)

**C. TDS METROCOM**

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
OFFICE PHONES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SB21B.I20464

Amount of Each Disbursement this Period

358.74

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11681.14

**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. TDS METROCOM**

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
OFFICE PHONES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **SB21B.I20465**

Amount of Each Disbursement this Period

1280.14

**B. TENUTA-DEBAROLO ENTERPRISES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 6040 39TH AVENUE

City KENOSHA State WI Zip Code 53703

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

Transaction ID : **SB21B.I20480**

Amount of Each Disbursement this Period

850.00

**C. THE TARRANCE GROUP, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 201 NORTH UNION STREET

City ALEXANDRIA State VA Zip Code 22314-2649

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : **SB21B.I20502**

Amount of Each Disbursement this Period

14135.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

16265.14

**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. THE TARRANCE GROUP, INC.**

Mailing Address 201 NORTH UNION STREET

City ALEXANDRIA State VA Zip Code 22314-2649

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SB21B.I20503

Amount of Each Disbursement this Period

40305.00

Full Name (Last, First, Middle Initial)

**B. TIME WARNER CABLE**

Mailing Address P.O. BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement  
CABLE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

Transaction ID : SB21B.I20381

Amount of Each Disbursement this Period

192.26

Full Name (Last, First, Middle Initial)

**C. TOOTH FAIRY LLC**

Mailing Address 79 OAK CREEK TRAIL

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20481

Amount of Each Disbursement this Period

1450.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

41947.26

**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. US POSTMASTER**

Mailing Address

City State Zip Code

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	4

**Transaction ID : SB21B.I20504**

Amount of Each Disbursement this Period

2	4	5	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. VILLAGE GRAPHICS PRINTING, LLC**

Mailing Address 108 W CAPITOL DRIVE

City State Zip Code  
HARTLAND WI 53029

Purpose of Disbursement  
PRINTING-NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	4

**Transaction ID : SB21B.I20507**

Amount of Each Disbursement this Period

4	6	6	3	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. WAUKESHA EAST COMMERCE CENTER LLC**

Mailing Address 1703 PEARL STREET

City State Zip Code  
WAUKESHA WI 53186

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

**Transaction ID : SB21B.I20482**

Amount of Each Disbursement this Period

2	0	7	0	5	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	7	8	1	8	3
---	---	---	---	---	---

2	7	8	1	8	3
---	---	---	---	---	---

**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. WAUKESHA EAST COMMERCE CENTER LLC**

Mailing Address 1703 PEARL STREET

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB21B.I20520

Amount of Each Disbursement this Period

33.97

Full Name (Last, First, Middle Initial)

**B. WE ENERGIES**

Mailing Address 231 W MICHIGAN STREET

City MILWAUKEE State WI Zip Code 53203-2918

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I20521

Amount of Each Disbursement this Period

262.42

Full Name (Last, First, Middle Initial)

**C. WILAND DIRECT INC.**

Mailing Address P.O. BOX 17361

City DENVER State CO Zip Code 80217

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20460

Amount of Each Disbursement this Period

812.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1108.47

**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. WISC DEPT OF REVENUE - RECORDS REQUEST**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Mailing Address P.O. BOX 8906

**Transaction ID : SB21B.I20510**

City MADISON State WI Zip Code 53708

Amount of Each Disbursement this Period

96.00
-------

Purpose of Disbursement SALES/USE TAX

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. WISC DEPT OF REVENUE - RECORDS REQUEST**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Mailing Address P.O. BOX 8906

**Transaction ID : SB21B.I20511**

City MADISON State WI Zip Code 53708

Amount of Each Disbursement this Period

252.00
--------

Purpose of Disbursement SALES/USE TAX

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. WISCONSIN CLUB**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Mailing Address 900 W. WISCONSIN AVENUE

**Transaction ID : SB21B.I20451**

City MILWAUKEE State WI Zip Code 53233

Amount of Each Disbursement this Period

402.86
--------

Purpose of Disbursement EVENT CATERING

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

750.86
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**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. WISCONSIN ECONOMIC DEVELOPMENT CORPORATIO**

Mailing Address 201 W WASHINGTON AVENUE

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
OPEN RECORDS REQUEST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : SB21B.I20492

Amount of Each Disbursement this Period

19.75

Full Name (Last, First, Middle Initial)

**B. WISCONSIN ECONOMIC DEVELOPMENT CORPORATIO**

Mailing Address 201 W WASHINGTON AVENUE

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
OPEN RECORDS REQUEST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB21B.I20493

Amount of Each Disbursement this Period

85.75

Full Name (Last, First, Middle Initial)

**C. WISCONSIN ECONOMIC DEVELOPMENT CORPORATIO**

Mailing Address 201 W WASHINGTON AVENUE

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
OPEN RECORDS REQUEST

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SB21B.I20494

Amount of Each Disbursement this Period

191.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

297.25

# 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. WISCONSIN PUBLIC SERVICE CORPORATION

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Mailing Address P.O. BOX 19003

Transaction ID : **SB21B.I20522**

City State Zip Code  
GREEN BAY WI 54307

Amount of Each Disbursement this Period

1	7	7	.	2	6
---	---	---	---	---	---

Purpose of Disbursement  
UTILITIES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

## B. XCEL ENERGY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

Mailing Address P.O. BOX 9477

Transaction ID : **SB21B.I20523**

City State Zip Code  
MINNEAPOLIS MN 55484

Amount of Each Disbursement this Period

4	7	6	.	9	0
---	---	---	---	---	---

Purpose of Disbursement  
UTILITIES

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

## C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

--	--	--	--	--	--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	5	4	.	1	6
---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

6	4	1	6	3	2	.	3	3
---	---	---	---	---	---	---	---	---

**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 checked="" 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. Helen Brzezinski**

Mailing Address 315 Massapequa Avenue

City Massapequa State NY Zip Code 11758

Purpose of Disbursement  
RETURNED CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 25 / 2014

Transaction ID : MEC102114A

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**B. ELLOINE CLARK**

Mailing Address 3716 Maplewood Avenue

City DALLAS State TX Zip Code 75205

Purpose of Disbursement  
RETURNED CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 10 / 2014

Transaction ID : SB21B.I20597

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15035.00

15035.00

**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. Accountants World Payroll LLC**

Mailing Address 140 Fell Court

City Hauppauge State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 24 / 2014

**Transaction ID : 30BMEC102314A**

Amount of Each Disbursement this Period

546.52

Full Name (Last, First, Middle Initial)

**B. ALEXA ARDIS**

Mailing Address 2616 HIGH MEADOW ROAD

City NAPERVILLE State IL Zip Code 60564

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  
09 / 15 / 2014

**Transaction ID : SB30B.I20289**

Amount of Each Disbursement this Period

394.60

Full Name (Last, First, Middle Initial)

**C. NICOLE BEAMER**

Mailing Address 3026 SADDLE BROOK TRAIL

City SUN PRAIRIE State WI Zip Code 53590

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  
09 / 15 / 2014

**Transaction ID : SB30B.I20291**

Amount of Each Disbursement this Period

969.68

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1910.80

**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. DANIEL BORKHUS**

Mailing Address 403 W DOTY 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.I20292

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DANIEL BORKHUS**

Mailing Address 403 W DOTY 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.I20293

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. LAUREN CLARK**

Mailing Address 5002 AUTUMN LANE

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.I20294

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. LAUREN CLARK**

Mailing Address 5002 AUTUMN LANE

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.I20295**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NICHOLAS COLLETTI**

Mailing Address 7718 36TH AVENUE

City KENOSHA State WI Zip Code 53142

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.I20296**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. NICHOLAS COLLETTI**

Mailing Address 7718 36TH AVENUE

City KENOSHA State WI Zip Code 53142

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.I20343**

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. PHILIP CURRY**

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code  
WHITEFISH BAY WI 53217

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20297

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PHILIP CURRY**

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code  
WHITEFISH BAY WI 53217

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20526

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20578

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. THOMAS DALLMAN**

Mailing Address 348 E OKLAHOMA AVENUE

City BAY VIEW State WI Zip Code 53207

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.I20298**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. REED DHEIN**

Mailing Address 1333 MILTON STREET

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.I20299**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RICHARD DICKIE**

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20300**

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 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B.I20301**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. RICHARD DICKIE**

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B.I20525**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIZZA HUT**

Mailing Address 7100 CORPORATE DRIVE

City PLANO State TX Zip Code 75024

Purpose of Disbursement  
STAFF MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30B.I20577**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ALYSSA DIGILIO**

Mailing Address 1013 FOX PATH

City WEST DUNDEE State IL Zip Code 60118

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.I20302**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JESSE DOUGHERTY**

Mailing Address 5203 AUTUMN LEAF LANE

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.I20303**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JESSE DOUGHERTY**

Mailing Address 5203 AUTUMN LEAF LANE

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.I20304**

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. TIM DUFFY**

Mailing Address 5177 S 19TH STREET

City MILWAUKEE State WI Zip Code 53221

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.I20305

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSEPH FADNESS**

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132-2237

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.I20306

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSEPH FADNESS**

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132-2237

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.I20307

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. JAMES FENLEY**

Mailing Address 406 BOWLAVARD AVENUE

City State Zip Code  
BELLEVILLE WI 53508

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : SB30B.I20309**

Amount of Each Disbursement this Period

969.69
--------

Full Name (Last, First, Middle Initial)

**B. DARLA FLEMMING**

Mailing Address 5001 S 69TH STREET

City State Zip Code  
GREENFIELD WI 53220

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : SB30B.I20310**

Amount of Each Disbursement this Period

969.69
--------

Full Name (Last, First, Middle Initial)

**C. JOHN FOSTER**

Mailing Address 2416 E WASHINGTON AVENUE

City State Zip Code  
MADISON WI 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : SB30B.I20311**

Amount of Each Disbursement this Period

666.80
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2606.18
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**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. JOHN FOSTER**

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SB30B.I20312

Amount of Each Disbursement this Period

719.98

Full Name (Last, First, Middle Initial)

**B. SYDNEY FUQUA**

Mailing Address 8504 E 94TH STREET

City TULSA State OK Zip Code 74133

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  
09 / 15 / 2014

Transaction ID : SB30B.I20313

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

**C. KYLE FUREY**

Mailing Address W347 S9140 JORDAN TRAIL

City EAGLE State WI Zip Code 53119

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  
09 / 15 / 2014

Transaction ID : SB30B.I20314

Amount of Each Disbursement this Period

969.68

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2633.74

**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. KYLE FUREY**

Mailing Address W347 S9140 JORDAN TRAIL

City State Zip Code  
EAGLE WI 53119

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20569

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20579

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BEN GILES**

Mailing Address 1510 TRIPP CIRCLE

City State Zip Code  
MADISON WI 53706

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20315

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. BEN GILES**

Mailing Address 1510 TRIPP CIRCLE

City MADISON State WI Zip Code 53706

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20316

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SAMANTHA GILKES**

Mailing Address 31 N RANDALL AVENUE

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.I20317

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SAMANTHA GILKES**

Mailing Address 31 N RANDALL AVENUE

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.I20318

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. ANDREW GOWDY**

Mailing Address W279 N5886 WALNUT GROVE DR.

City State Zip Code  
SUSSEX WI 53089

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.I20319

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ANDREW GOWDY**

Mailing Address W279 N5886 WALNUT GROVE DR.

City State Zip Code  
SUSSEX WI 53089

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.I20320

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MARTHA GRAVLEE**

Mailing Address 2440 OAK RIDGE CIRCLE

City State Zip Code  
DE PERE WI 54115

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.I20321

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. MARTHA GRAVLEE**

Mailing Address 2440 OAK RIDGE CIRCLE

City DE PERE State WI Zip Code 54115

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB30B.I20570

Amount of Each Disbursement this Period

413.40

Full Name (Last, First, Middle Initial)

**B. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB30B.I20580

Amount of Each Disbursement this Period

413.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. KELLY GROSSHUESCH**

Mailing Address 914 DREIFUERST ROAD

City PLYMOUTH State WI Zip Code 53073

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  
09 / 15 / 2014

Transaction ID : SB30B.I20322

Amount of Each Disbursement this Period

394.60

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

808.00

**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. ANDREW HAYES**

Mailing Address 187 CHASE DRIVE

City State Zip Code  
PELHAM AL 35124

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.I20323

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BENJAMIN HEATH**

Mailing Address 5088 LANGSTON COURT

City State Zip Code  
VIRGINIA BEACH VA 23464

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.I20324

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DONNA HEIMBACH**

Mailing Address 3002 DIANNE DRIVE

City State Zip Code  
MIDDLETON WI 53562-2425

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.I20325

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. DONNA HEIMBACH**

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562-2425

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  
09 / 30 / 2014

Transaction ID : SB30B.I20326

Amount of Each Disbursement this Period

738.25

Full Name (Last, First, Middle Initial)

**B. ANDREA HELLENBRAND**

Mailing Address 6635 WINDSOR COMMONS AVENUE

City WINDSOR State WI Zip Code 53598

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  
09 / 30 / 2014

Transaction ID : SB30B.I20327

Amount of Each Disbursement this Period

1262.73

Full Name (Last, First, Middle Initial)

**C. ANDREA HELLENBRAND**

Mailing Address 6635 WINDSOR COMMONS AVENUE

City WINDSOR State WI Zip Code 53598

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  
09 / 15 / 2014

Transaction ID : SB30B.I20328

Amount of Each Disbursement this Period

1397.42

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3398.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHRIS JENKYNS**

Mailing Address 463 PARK PLACE

City KEWASKUM State WI Zip Code 53040

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.I20329

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSEF LEVERATTO**

Mailing Address 16011 VIA SOLA

City LAKE ELSINARE State CA Zip Code 92530

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.I20331

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSEF LEVERATTO**

Mailing Address 16011 VIA SOLA

City LAKE ELSINARE State CA Zip Code 92530

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.I20332

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 BELOIT State WI Zip Code 53511

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20333**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LARRY LOOMIS**

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20334**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOHN MAHAN**

Mailing Address 1806 BELKNAP STREET

City SUPERIOR State WI Zip Code 54880

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.I20330**

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 MANDRY**

Mailing Address 513 LEWIS STREET

City BURLINGTO State WI Zip Code 53105

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  
09 / 15 / 2014

Transaction ID : SB30B.I20335

Amount of Each Disbursement this Period

217.40

Full Name (Last, First, Middle Initial)

**B. ALEXANDER MANDRY**

Mailing Address 513 LEWIS STREET

City BURLINGTO State WI Zip Code 53105

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  
09 / 30 / 2014

Transaction ID : SB30B.I20336

Amount of Each Disbursement this Period

305.70

Full Name (Last, First, Middle Initial)

**C. CHRIS MARTIN**

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : SB30B.I20337

Amount of Each Disbursement this Period

1116.20

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1639.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHRIS MARTIN**

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB30B.I20571

Amount of Each Disbursement this Period

407.46

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. JEFFERSON COUNTY CLERK OF COURTS**

Mailing Address 311 S CENTER AVENUE

City JEFFERSON State WI Zip Code 53549

Purpose of Disbursement  
OPEN RECORDS REQUEST

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SB30B.I20582

Amount of Each Disbursement this Period

353.19

Category/  
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB30B.I20581

Amount of Each Disbursement this Period

54.27

Category/  
Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

407.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SEAN MCNALLY**

Mailing Address 3037 BOSSHARD DRIVE

City MADISON State WI Zip Code 53711

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.I20338

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SEAN MCNALLY**

Mailing Address 3037 BOSSHARD DRIVE

City MADISON State WI Zip Code 53711

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20572

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20583

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 02 / 2014

Transaction ID : SB30B.I20584

Amount of Each Disbursement this Period

20.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. STEPHEN MEYER**

Mailing Address 4418 N STOWELL AVENUE

City MILWAUKEE State WI Zip Code 53211

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  
09 / 15 / 2014

Transaction ID : SB30B.I20339

Amount of Each Disbursement this Period

995.27

Full Name (Last, First, Middle Initial)

**C. ANDREW MLYNCZAK**

Mailing Address 2133 CUMBERLAND DRIVE

City GREEN BAY State WI Zip Code 54311

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  
09 / 15 / 2014

Transaction ID : SB30B.I20340

Amount of Each Disbursement this Period

111.05

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1106.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ANDREW MLYNCZAK**

Mailing Address 2133 CUMBERLAND DRIVE

City GREEN BAY State WI Zip Code 54311

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.I20341**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MARK MORGAN**

Mailing Address 2408 SESSIONS ST

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20342**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. HANNAH O' CONNOR**

Mailing Address 2200 MEADOW GREEN

City STOUGHTON State WI Zip Code 53589

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.I20344**

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. HANNAH O' CONNOR**

Mailing Address 2200 MEADOW GREEN

City State Zip Code  
STOUGHTON WI 53589

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.I20345**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. REBECCA OLSON**

Mailing Address 614 SCOTT AVENUE

City State Zip Code  
OSHKOSH WI 54901

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.I20346**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. REBECCA OLSON**

Mailing Address 614 SCOTT AVENUE

City State Zip Code  
OSHKOSH WI 54901

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.I20573**

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. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.I20587**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.I20589**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. RAMON ORTIZ**

Mailing Address 5110 CAMDEN ROAD

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.I20347**

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. RAMON ORTIZ**

Mailing Address 5110 CAMDEN ROAD

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.I20348

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ORLANDO OWENS**

Mailing Address 3177 N BUFFUM STREET

City MILWAUKEE State WI Zip Code 53212

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.I20349

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ORLANDO OWENS**

Mailing Address 3177 N BUFFUM STREET

City MILWAUKEE State WI Zip Code 53212

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20574

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. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20590**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SCOTT POOLE**

Mailing Address 1528 SELLERY STREET

City State Zip Code  
MIDDLETON WI 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.I20350**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SCOTT POOLE**

Mailing Address 1528 SELLERY STREET

City State Zip Code  
MIDDLETON WI 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.I20351**

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. GREG QUELLA**

Mailing Address 2209 COUNTY ROAD KK

City State Zip Code  
MOSINEE WI 54455

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  
09 / 15 / 2014

Transaction ID : **SB30B.I20352**

Amount of Each Disbursement this Period

995.27

Full Name (Last, First, Middle Initial)

**B. GREG QUELLA**

Mailing Address 2209 COUNTY ROAD KK

City State Zip Code  
MOSINEE WI 54455

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : **SB30B.I20575**

Amount of Each Disbursement this Period

162.00

Full Name (Last, First, Middle Initial)

**C. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : **SB30B.I20591**

Amount of Each Disbursement this Period

162.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1157.27

**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. JASON RECTOR**

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20353**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LINDA RICHARDS**

Mailing Address 652 TOWER DRIVE

City SUN PRAIRIE State WI Zip Code 53590

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.I20354**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. LINDA RICHARDS**

Mailing Address 652 TOWER DRIVE

City SUN PRAIRIE State WI Zip Code 53590

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.I20355**

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. LANE RUHLAND**

Mailing Address 1044 N HIGH POINT ROAD

City MADISON State WI Zip Code 53717

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.I20356

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LANE RUHLAND**

Mailing Address 1044 N HIGH POINT ROAD

City MADISON State WI Zip Code 53717

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.I20357

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JAMES SAPP**

Mailing Address 134 FALLING WATERS LANE

City MAYLENE State AL Zip Code 35114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20358

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. CHRIS SCHAEFER**

Mailing Address 1338 W 4TH STREET

City State Zip Code  
KIMBERLY WI 54136

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.I20360

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHRIS SCHAEFER**

Mailing Address 1338 W 4TH STREET

City State Zip Code  
KIMBERLY WI 54136

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20576

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20592

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JONATHAN SCHMIEDER**

Mailing Address 3117 STRATTON WAY, APT 207

City MADISON State WI Zip Code 53719

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.I20361

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. COOPER SMITH**

Mailing Address 20815 GLEN COVE

City GARDEN RIDGE State TX Zip Code 78266

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.I20362

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CARL STOLTE**

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20363

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)  
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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. CARL STOLTE**

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20364

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. WILL THOMPSON**

Mailing Address 1007 N CASS STREET

City MILWAUKEE State WI Zip Code 53202

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.I20365

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSSELYN VALASQUEZ**

Mailing Address 614 LANGDON 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.I20366

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. JOSSELYN VALASQUEZ**

Mailing Address 614 LANGDON 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.I20367

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSHUA WILSON**

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20368

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOSHUA WILSON**

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20369

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. JOSHUA ZDROIK**

Mailing Address 756 BUS LANE

City State Zip Code  
STEVENS POINT WI 54482

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20370**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Accountants World Payroll LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 30BMEC102314B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : KML1023A**

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. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20265

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20266

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20267

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. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SB30B.I20268

Amount of Each Disbursement this Period

86.00

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB30B.I20269

Amount of Each Disbursement this Period

86.00

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SB30B.I20270

Amount of Each Disbursement this Period

129.98

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

301.98



**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 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. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : SB30B.I20271

Amount of Each Disbursement this Period

158.81

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB30B.I20272

Amount of Each Disbursement this Period

158.99

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB30B.I20273

Amount of Each Disbursement this Period

337.04

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

654.84

**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. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20274

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20275

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I20276

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. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : SB30B.I20277

Amount of Each Disbursement this Period

6053.35

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB30B.I20278

Amount of Each Disbursement this Period

7128.42

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB30B.I20279

Amount of Each Disbursement this Period

7271.93

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

20453.70

**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**

Date of Disbursement

Mailing Address BOX 6164

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

City INDIANAPOLIS State IN Zip Code 46206-6164

**Transaction ID : SB30B.I20280**

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

85.12
-------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN FUNDS SERVICE COMPANY**

Date of Disbursement

Mailing Address BOX 6164

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

City INDIANAPOLIS State IN Zip Code 46206-6164

**Transaction ID : SB30B.I20281**

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

95.04
-------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. AMERICAN FUNDS SERVICE COMPANY**

Date of Disbursement

Mailing Address BOX 6164

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

City INDIANAPOLIS State IN Zip Code 46206-6164

**Transaction ID : SB30B.I20282**

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

108.41
--------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

288.57
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 **BOX 6164**

City **INDIANAPOLIS** State **IN** Zip Code **46206-6164**

Purpose of Disbursement  
**EMPLOYEE SIMPLE IRA**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20283**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ASSURANT EMPLOYEE BENEFITS**

Mailing Address **P.O. BOX 807009**

City **KANSAS CITY** State **MO** Zip Code **64184**

Purpose of Disbursement  
**EMPLOYEE BENEFITS**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I20284**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DEAN CARE**

Mailing Address **P.O. BOX 673111**

City **CHICAGO** State **IL** Zip Code **60695**

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

/  /

**Transaction ID : SB30B.I20285**

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. DEAN CARE**

Mailing Address P.O. BOX 673111

City State Zip Code  
CHICAGO IL 60695

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

M  M /  D  D /  Y  Y  Y  Y  
09 / 23 / 2014

Transaction ID : **SB30B.I20286**

Amount of Each Disbursement this Period

5882.64

Full Name (Last, First, Middle Initial)

**B. DELTA DENTAL**

Mailing Address P.O. BOX 828

City State Zip Code  
STEVENS POINT WI 54481

Purpose of Disbursement  
DENTAL INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 23 / 2014

Transaction ID : **SB30B.I20287**

Amount of Each Disbursement this Period

235.69

Full Name (Last, First, Middle Initial)

**C. EMPLOYEE BENEFITS CORPORATION**

Mailing Address P.O. BOX 44347

City State Zip Code  
MADISON WI 53744-4347

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 04 / 2014

Transaction ID : **SB30B.I20288**

Amount of Each Disbursement this Period

53.98

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6172.31

106294.78

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 Republican Party of Wisconsin

Transaction ID : KML1

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Wisconsin - State Account	MM / DD / YYYY 09 / 26 / 2014	11956.82

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	11956.82
<b>Transaction ID : 12345679</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	11956.82
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	11956.82



**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) Transaction ID : 101614a</b> <b>ADVANCED DISPOSAL</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	
Mailing Address PO BOX 6484		Allocated Activity or Event Year-To-Date _____ 211.88	
City CAROL STREAM	State IL	Zip Code 60197	Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
Purpose of Disbursement: WASTE REMOVAL		Category/ Type	
Activity or Event Identifier:			
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT			
_____ 31.77      _____ 180.10      _____ 211.88			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 101614B</b> <b>AT&amp;T MOBILITY</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	
Mailing Address PO BOX 6463		Allocated Activity or Event Year-To-Date _____ 1470.63	
City CAROL STREAM	State IL	Zip Code 60197	Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
Purpose of Disbursement: PHONE BILL		Category/ Type	
Activity or Event Identifier:			
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT			
_____ 220.59      _____ 1250.04      _____ 1470.63			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 101614C</b> <b>BADGERLAND CHEMICAL &amp; SUPPLY</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	
Mailing Address PO BOX 620303		Allocated Activity or Event Year-To-Date _____ 188.50	
City MIDDLETON	State WI	Zip Code 53562	Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
Purpose of Disbursement: CUSTODIAL SUPPLIES		Category/ Type	
Activity or Event Identifier:			
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT			
_____ 28.25      _____ 160.10      _____ 188.35			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 280.61		_____ 1590.24		_____ 1870.86

**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) Transaction ID : 101614D</b> <b>CENTURY SPRINGS BOTTLING CO</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		
Mailing Address PO BOX 275			Allocated Activity or Event Year-To-Date _____ 55.00		
City State Zip Code GENESEE DEPOT WI 53127	Category/ Type		Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: OFFICE WATER		<input type="text"/>	Allocated Activity or Event Year-To-Date _____ 55.00		
Activity or Event Identifier:			Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<input type="text" value="8.25"/> + <input type="text" value="46.75"/> = <input type="text" value="55.00"/>					

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 101614F</b> <b>CHARTER</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		
Mailing Address PO BOX 790086			Allocated Activity or Event Year-To-Date _____ 532.58		
City State Zip Code ST LOUIS MO 63179	Category/ Type		Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: CABLE/INTERNET		<input type="text"/>	Allocated Activity or Event Year-To-Date _____ 532.58		
Activity or Event Identifier:			Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<input type="text" value="79.89"/> + <input type="text" value="452.69"/> = <input type="text" value="532.58"/>					

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 101614H</b> <b>CITY OF APPLETON</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		
Mailing Address 100 N APPLETON ST			Allocated Activity or Event Year-To-Date _____ 373.72		
City State Zip Code APPLETON WI 54911	Category/ Type		Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: PHOTOCOPIES		<input type="text"/>	Allocated Activity or Event Year-To-Date _____ 373.72		
Activity or Event Identifier:			Date <input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<input type="text" value="56.06"/> + <input type="text" value="317.66"/> = <input type="text" value="373.72"/>					

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="144.20"/>		<input type="text" value="817.10"/>		<input type="text" value="961.30"/>

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 : 101614I
CITY OF MADISON TREASURER
Mailing Address PO BOX 2997
City MADISON State WI Zip Code 53701
Purpose of Disbursement: WATER/SEWER
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 160.25
Date 09 / 26 / 2014
FEDERAL SHARE 24.04 + NONFEDERAL SHARE 136.21 = TOTAL AMOUNT 160.25

B. Full Name (Last, First, Middle Initial) Transaction ID : 101614J
COMCAST
Mailing Address PO BOX 34744
City SEATTLE State WA Zip Code 98124
Purpose of Disbursement: CABLE
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 113.65
Date 09 / 26 / 2014
FEDERAL SHARE 17.05 + NONFEDERAL SHARE 96.60 = TOTAL AMOUNT 113.65

C. Full Name (Last, First, Middle Initial) Transaction ID : 101614K
HEINZEN PRINTING INC.
Mailing Address PO BOX 267
City MARSHFIELD State WI Zip Code 54449
Purpose of Disbursement: PRINTING - OVERHEAD
Activity or Event Identifier:
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 650.94
Date 09 / 26 / 2014
FEDERAL SHARE 97.64 + NONFEDERAL SHARE 553.30 = TOTAL AMOUNT 650.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 138.73, 786.11, 924.84

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Form A: Full Name (Last, First, Middle Initial) Transaction ID : 101614L
KONICA MINOLTA PREMIER FINANCE
Mailing Address PO BOX 740423
City ATLANTA State GA Zip Code 30374
Purpose of Disbursement: COPIER LEASE
Activity or Event Identifier:
Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ]
Voter Drive [ ] Direct Candidate Support [ ]
Public Comm (ref to party only) by PAC [ ]
Allocated Activity or Event Year-To-Date 1302.99
Date 09 / 26 / 2014
FEDERAL SHARE 195.45 + NONFEDERAL SHARE 1107.54 = TOTAL AMOUNT 1302.99

Form B: Full Name (Last, First, Middle Initial) Transaction ID : 101614M
LEXISNEXIS
Mailing Address PO BOX 2314
City CAROL STREAM State IL Zip Code 60132
Purpose of Disbursement: SUBSCRIPTION
Activity or Event Identifier:
Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ]
Voter Drive [ ] Direct Candidate Support [ ]
Public Comm (ref to party only) by PAC [ ]
Allocated Activity or Event Year-To-Date 199.00
Date 09 / 26 / 2014
FEDERAL SHARE 29.85 + NONFEDERAL SHARE 169.15 = TOTAL AMOUNT 199.00

Form C: Full Name (Last, First, Middle Initial) Transaction ID : 101614N
MCAFFEE INC
Mailing Address 6052 PAYSHERE CIR
City CHICAGO State IL Zip Code 60674
Purpose of Disbursement: SUBSCRIPTION
Activity or Event Identifier:
Allocated Activity or Event: Administrative [X] Fundraising [ ] Exempt [ ]
Voter Drive [ ] Direct Candidate Support [ ]
Public Comm (ref to party only) by PAC [ ]
Allocated Activity or Event Year-To-Date 569.70
Date 09 / 26 / 2014
FEDERAL SHARE 85.46 + NONFEDERAL SHARE 484.25 = TOTAL AMOUNT 569.70

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 310.76, 1760.94, 2071.69

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [ ], [ ], [ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Form A: MG&E, Transaction ID: 1016140. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (UTILITIES), and Allocated Activity or Event (Administrative checked). Total amount: 1007.92.

Form B: NESTLE PURE LIFE, Transaction ID: 101614P. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (BOTTLED WATER), and Allocated Activity or Event (Administrative checked). Total amount: 373.76.

Form C: TDS, Transaction ID: 101614Q. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (OFFICE PHONES), and Allocated Activity or Event (Administrative checked). Total amount: 346.04.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 259.17, NONFEDERAL SHARE 1468.55, TOTAL AMOUNT 1727.72.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: 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) <b>TDS METROCOM</b>		Transaction ID : 101614R		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 94510				Allocated Activity or Event Year-To-Date 1301.81		
City PALATINE	State IL	Zip Code 60094		Date 09 / 26 / 2014		
Purpose of Disbursement: OFFICE PHONES		Category/ Type				
Activity or Event Identifier:						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
195.27			1106.54			1301.81

B. Full Name (Last, First, Middle Initial) <b>VERIZON</b>		Transaction ID : 101614S		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 25505				Allocated Activity or Event Year-To-Date 226.86		
City LEHIGH VALLEY	State PA	Zip Code 18002		Date 09 / 26 / 2014		
Purpose of Disbursement: CELLPHONES		Category/ Type				
Activity or Event Identifier:						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
34.03			192.83			226.86

C. Full Name (Last, First, Middle Initial) <b>WE ENERGIES</b>		Transaction ID : 101614T		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 231 W MICHIGAN ST				Allocated Activity or Event Year-To-Date 685.76		
City MILWAUKEE	State WI	Zip Code 53203		Date 09 / 26 / 2014		
Purpose of Disbursement: UTILITIES		Category/ Type				
Activity or Event Identifier:						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
102.86			582.90			685.76

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
332.16		1882.27		2214.43

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 : 101614U
WISC DEPT OF REVENUE
Mailing Address PO BOX 930208
City MILWAUKEE State WI Zip Code 53293
Purpose of Disbursement: SALES/USE TAX
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 3594.58
Date 09 / 26 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
539.19 + 3055.39 = 3594.58

B. Full Name (Last, First, Middle Initial) Transaction ID : 101614V
WISCONSIN PUBLIC SERVICE CORP
Mailing Address PO BOX 19003
City GREEN BAY State WI Zip Code 54307
Purpose of Disbursement: UTILITIES
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 215.04
Date 09 / 26 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
32.25 + 182.79 = 215.04

C. Full Name (Last, First, Middle Initial) Transaction ID : 101614W
XCEL ENERGY
Mailing Address PO BOX 9477
City MINNEAPOLIS State MN Zip Code 55484
Purpose of Disbursement: UTILITIES
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 486.39
Date 09 / 26 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
72.96 + 413.43 = 486.39

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 644.40, 3651.61, 4296.01

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2110.03, 11956.82, 14066.85