

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Republican Party of Wisconsin

ADDRESS (number and street)

148 E. Johnson Street

Check if different
than previously
reported. (ACC)

Madison

WI

53703

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00074450

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

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

Type or Print Name of Treasurer

Reince Priebus

Signature of Treasurer

Electronically Filed by Reince Priebus

Date

05

18

2006

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Republican Party of Wisconsin

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		60598.82
(b) Cash on Hand at Beginning of Reporting Period	51674.10	
(c) Total Receipts (from Line 19)	121282.40	559385.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	172956.50	619984.39
7. Total Disbursements (from Line 31)	109083.81	556111.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63872.69	63872.69
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	75000.00	

☐ 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. 02/2003)

Page 3

Write or Type Committee Name

Republican Party of Wisconsin

Report Covering the Period:

From:

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

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 6

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	15720.00	101920.00
(i) Itemized (use Schedule A)	70492.99	357691.73
(ii) Unitemized	86212.99	459611.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	4500.00	41900.00
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	90712.99	501511.73
12. Transfers From Affiliated/Other Party Committees	20198.77	44198.77
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)	5818.94	9123.37
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	4551.70	4551.70
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	4551.70	4551.70
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	121282.40	559385.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	116730.70	554833.87

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1471.88	13673.54
(ii) Non-Federal Share.....	5537.09	51438.55
(b) Other Federal Operating Expenditures.....	16810.31	233026.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	23819.28	298138.91
22. Transfers to Affiliated/Other Party Committees.....	2855.88	2855.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	120.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	120.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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	82408.65	254996.91
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	82408.65	254996.91
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	109083.81	556111.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	103546.72	504673.15

DETAILED SUMMARY PAGE

of Disbursements

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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)	90712.99	501511.73
34. Total Contribution Refunds (from Line 28(d))	0.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90712.99	501391.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18282.19	246700.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	5818.94	9123.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12463.25	237576.99

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Joe Arington		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2935 Evergreen Dr		Transaction ID: SA11A1.23904
City Cambridge	State WI	Zip Code 53523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) James Becker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 5830 N Sunny Point Rd		Transaction ID: SA11A1.23906
City Milwaukee	State WI	Zip Code 53209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Private Investor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Richard Becker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address W131N7889 Country Club Ct		Transaction ID: SA11A1.23907
City Menomonee Falls	State WI	Zip Code 53051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer M&I Bank	Occupation Banker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Anthony Bryant

Mailing Address P.O. Box 466

City

Waukesha

State

WI

Zip Code

53187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Century Fence Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.23909

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Reginald Buchanan

Mailing Address PO Box 195

City

Union Grove

State

WI

Zip Code

53182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Tutor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: SA11A1.23910

Amount of Each Receipt this Period

35.00

Contribution

Full Name (Last, First, Middle Initial)

C. Margery Buckeridge

Mailing Address 137 W Main St

City

Evansville

State

WI

Zip Code

53536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.23911

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or 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. Full Name (Last, First, Middle Initial) Mary Buestrin Mailing Address 13259 N Lakewood Dr #3W City State Zip Code Mequon WI 53097 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.23912 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Coalition for WI Occupation Exec. Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Margaret Cunningham Mailing Address 9110 Aspen Grove Ln City State Zip Code Madison WI 53717 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.23914 Amount of Each Receipt this Period 50.00 Contribution
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Walter Dauska Mailing Address 378 Shady Drive City State Zip Code Oneida WI 54155 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.23915 Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Green Bay Packaging Occupation Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

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)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Margaret Gardon Mailing Address 4364 Hilton Head Court City Oneida State WI Zip Code 54155 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Registered Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.23919 Amount of Each Receipt this Period 750.00 Contribution
B. Full Name (Last, First, Middle Initial) Rick Graber Mailing Address 2726 East Shorewood Blvd City Shorewood State WI Zip Code 53211 FEC ID number of contributing federal political committee. C Name of Employer Reinhart & Boerner Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.23922 Amount of Each Receipt this Period 250.00 Contribution
C. Full Name (Last, First, Middle Initial) Jo Ann Greb Mailing Address 8861 W wilson Bay Dr City Hayward State WI Zip Code 54843 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.23923 Amount of Each Receipt this Period 100.00 Contribution

SUBTOTAL of Receipts This Page (optional)

1100.00

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. Full Name (Last, First, Middle Initial) Gregory Held Mailing Address 4633 Evergreen Rd City Middleton State WI Zip Code 53562 FEC ID number of contributing federal political committee. C Name of Employer Held and Associates Inc Occupation Cvl Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt MM / DD / YYYY 04 / 20 / 2006 Transaction ID: SA11A1.23925 Amount of Each Receipt this Period 100.00 Contribution
B. Full Name (Last, First, Middle Initial) Margaret Humleker Mailing Address 633 Ledgeview Blvd City Fond du Lac State WI Zip Code 54935 FEC ID number of contributing federal political committee. C 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 ▼ 500.00		Date of Receipt MM / DD / YYYY 04 / 13 / 2006 Transaction ID: SA11A1.23930 Amount of Each Receipt this Period 250.00 Contribution
C. Full Name (Last, First, Middle Initial) Alan Katz Mailing Address 8235 N. River Road City Milwaukee State WI Zip Code 53217 FEC ID number of contributing federal political committee. C Name of Employer Katz's Bagel Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 04 / 21 / 2006 Transaction ID: SA11A1.23931 Amount of Each Receipt this Period 500.00 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**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
Dennis Korsmo
Mailing Address 4720 Stratford Dr

City State Zip Code
Greendale WI 53129

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.23936

Amount of Each Receipt this Period

60.00

Contribution

B. Full Name (Last, First, Middle Initial)
Michael Koss
Mailing Address 2800 W. Bardley Road

City State Zip Code
River Hills WI 53217

FEC ID number of contributing federal political committee.

C

Name of Employer
Koss Corp.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.23937

Amount of Each Receipt this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Henry Loos
Mailing Address 2159 W Hidden Reserve Ct

City State Zip Code
Mequon WI 53092

FEC ID number of contributing federal political committee.

C

Name of Employer
Quarles & BradyOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.23942

Amount of Each Receipt this Period

375.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1435.00

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. Full Name (Last, First, Middle Initial) Christopher Magiera Mailing Address 1506 Pine View Ln City Wausau State WI Zip Code 54403 FEC ID number of contributing federal political committee. C Name of Employer GI Associates SC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.23945 Amount of Each Receipt this Period 200.00 Contribution
B. Full Name (Last, First, Middle Initial) Michael Martin Mailing Address W8485 Trillium Ln City Antigo State WI Zip Code 54409 FEC ID number of contributing federal political committee. C Name of Employer Allied Insurance Center Occupation Insurance Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.23946 Amount of Each Receipt this Period 250.00 Contribution
C. Full Name (Last, First, Middle Initial) Forrest McQuitty Mailing Address 467 Thomas St City Fond Du Lac State WI Zip Code 54935 FEC ID number of contributing federal political committee. C Name of Employer Transit Plus Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.23948 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) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Ruth Michels		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 364 Oakdale Drive		Transaction ID: SA11A1.23950
City Brownsville	State WI	Zip Code 53006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Michels Pipeline Construc- tion	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Scott Neitzel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 1813 Pineview Dr		Transaction ID: SA11A1.23951
City Verona	State WI	Zip Code 53593
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) John Parker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 1380 W Wisconsin Ave Apt 117		Transaction ID: SA11A1.23957
City Oconomowoc	State WI	Zip Code 53066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 59

(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.

Full Name (Last, First, Middle Initial)

Greg Pauly

Mailing Address 1711 Circle Drive

City

New Holstein

State

WI

Zip Code

53061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID: SA11A1.23958

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Maurice Reese

Mailing Address 713 Lakewood Boulevard

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.23962

Amount of Each Receipt this Period

1250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dick Richards

Mailing Address PO Box 2269

City

Waukesha

State

WI

Zip Code

53187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Inn Hotel

Occupation

Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.23963

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 59

(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. Full Name (Last, First, Middle Initial) Paul Schierl		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 2413 Hazelwood Lane, Suite B		Transaction ID: SA11A1.23965
City Green Bay	State WI	Zip Code 54304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Frank Scott		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 4014 Hearthstone Drive		Transaction ID: SA11A1.23968
City Janesville	State WI	Zip Code 53547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hufcor	Occupation Accounting	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) John Sensenbrenner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 909 East Forest Avenue		Transaction ID: SA11A1.23969
City Neenah	State WI	Zip Code 54956
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 59

(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. Full Name (Last, First, Middle Initial) Barbara Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.23970
Mailing Address 3222 E Hampshire Ave		
City	State	Zip Code
Milwaukee	WI	53211-3118
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 200.00
Name of Employer Retired		Contribution
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00

B. Full Name (Last, First, Middle Initial) Trygve Solberg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.23971
Mailing Address PO Box 50		
City	State	Zip Code
Minocqua	WI	54548
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1250.00
Name of Employer TA Solberg Company, Inc		Contribution
Occupation Grocer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

C. Full Name (Last, First, Middle Initial) James Wigdale		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.23973
Mailing Address 6424 N Lake Drive		
City	State	Zip Code
Milwaukee	WI	53217
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00
Name of Employer Marshall & Isley Bank		Contribution
Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

SUBTOTAL of Receipts This Page (optional)

3950.00

TOTAL This Period (last page this line number only)

15720.00

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

Use separate schedule(s)
or 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. AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 Penn. Avenue NW
 #500 South Bldg.

City State Zip Code
 WASHINGTON DC 20004

FEC ID number of contributing
 federal political committee.

C C00106740

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11C.23974

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 655 15th Street NW Suite 445

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
 federal political committee.

C C00236489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11C.23975

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Milwaukee Police Association

Mailing Address 1840 North Farwell Avenue

City State Zip Code
 Milwaukee WI 53202

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11C.23977

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

4500.00

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

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

FOR LINE NUMBER: PAGE 18 / 59

(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. Full Name (Last, First, Middle Initial)
Margaret Gardon
Mailing Address 4364 Hilton Head Court

City State Zip Code
Oneida WI 54155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 6

Transaction ID: SA12.23993

Amount of Each Receipt this Period

4587.49

Transfer from affiliate
cmte

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Patricia Pierce
Mailing Address PO Box 11

City State Zip Code
Menasha WI 54952

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 6

Transaction ID: SA12.23991

Amount of Each Receipt this Period

1800.00

Transfer from affiliate
cmte

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RNC
Mailing Address 310 First Street SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34600.00

Date of Receipt

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

Transaction ID: SA12.23978

Amount of Each Receipt this Period

13100.00

Transfer

SUBTOTAL of Receipts This Page (optional)

13100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 59

(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. Full Name (Last, First, Middle Initial)
Wisconsin Road to Victory Committee

Mailing Address 228 S Washington St STE115

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7310.15

Date of Receipt

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

Transaction ID: SA12.23979

Amount of Each Receipt this Period

7098.77

Transfer from Affiliate

SUBTOTAL of Receipts This Page (optional)

7098.77

TOTAL This Period (last page this line number only)

20198.77

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

Use separate schedule(s)
or 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. Full Name (Last, First, Middle Initial) Mastantuono Law Office		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 817 N Marshall St		Transaction ID: SA15.23981
City Milwaukee	State WI	Zip Code 53202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1750.00
Name of Employer	Occupation	Restitution for tires
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

B. Full Name (Last, First, Middle Initial) Lavalle Mohammad		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 4723 W Lloyd St		Transaction ID: SA15.23987
City Milwaukee	State WI	Zip Code 53208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Restitution for tires
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Michael J Pratt		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2322 S 100th St		Transaction ID: SA15.23985
City Milwaukee	State WI	Zip Code 53227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1620.00
Name of Employer	Occupation	Restitution for tires
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1620.00	

SUBTOTAL of Receipts This Page (optional)

3670.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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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. The Shellow Group

Mailing Address 324 W Vine Street

City State Zip Code
Milwaukee WI 53212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
04 26 2006

Transaction ID: SA15.23983

Amount of Each Receipt this Period

1650.00

Restitution for tires

Full Name (Last, First, Middle Initial)

B. Sarah Ulrich

Mailing Address 151 W Gilman Apt B

City State Zip Code
Madison WI 53704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.53

Date of Receipt

M M / D D / Y Y Y Y
04 25 2006

Transaction ID: SA15.23989

Amount of Each Receipt this Period

305.53

COBRA reimbursement

Full Name (Last, First, Middle Initial)

C. Wisconsin Road to Victory Committee

Mailing Address 228 S Washington St STE115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7503.56

Date of Receipt

M M / D D / Y Y Y Y
04 11 2006

Transaction ID: SA15.23980

Amount of Each Receipt this Period

193.41

Reimbursement for shipping
costs

SUBTOTAL of Receipts This Page (optional)

2148.94

TOTAL This Period (last page this line number only)

5818.94

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)

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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)
Republican Party of Wisconsin

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

Mailing Address 6470 East Johns Crossing Suite 100

City Duluth State GA Zip Code 30097

Purpose of Disbursement
Teleconferencing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

142.52

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

Mailing Address 827 Michigan Ave

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23817

Date of Disbursement

/ /

Amount of Each Disbursement this Period

798.75

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

Mailing Address 827 Michigan Ave

City South Milwaukee State WI Zip Code 53172

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1080.51

SUBTOTAL of Disbursements This Page (optional)

2021.78

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)

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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)
Republican Party of Wisconsin

A. IRS Full Name (Last, First, Middle Initial) Mailing Address Payment Center City State Zip Code Kansas City MO 64999 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.23805 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 578.44
B. IRS Full Name (Last, First, Middle Initial) Mailing Address Payment Center City State Zip Code Kansas City MO 64999 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.23807 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 578.42
C. Warren Jones Full Name (Last, First, Middle Initial) Mailing Address W190 S7531 Richdorf Dr City State Zip Code Muskego WI 53150 Purpose of Disbursement Rent for field office Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.23871 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1200.00

SUBTOTAL of Disbursements This Page (optional) ►

2356.86

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)

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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)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Line of Credit Interest

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23846

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2006

Amount of Each Disbursement this Period

435.64

Full Name (Last, First, Middle Initial)

B. M&I Merchant Services

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Credit card processing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23863

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2006

Amount of Each Disbursement this Period

437.33

Full Name (Last, First, Middle Initial)

C. M&I Merchant Services

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Credit card processing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23882

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2006

Amount of Each Disbursement this Period

133.38

SUBTOTAL of Disbursements This Page (optional) ►

1006.35

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)

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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)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. M&I Merchant Services

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Credit card processing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23881

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2006

Amount of Each Disbursement this Period

2.49

B. MG&E

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1231

City Madison State WI Zip Code 53701

Purpose of Disbursement
Utility Bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23849

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2006

Amount of Each Disbursement this Period

901.05

C. Sherrie Osegard

Full Name (Last, First, Middle Initial)

Mailing Address 2346 Talc Trail #208

City Madison State WI Zip Code 53719

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23857

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2006

Amount of Each Disbursement this Period

946.90

SUBTOTAL of Disbursements This Page (optional)

1850.44

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)

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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)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Sherrie Osegard

Mailing Address 2346 Talc Trail #208

City Madison State WI Zip Code 53719

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23858

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

932.80

Full Name (Last, First, Middle Initial)

B. PostMaster

Mailing Address PO Box 7005

City Madison State WI Zip Code 53707

Purpose of Disbursement
Postage for Bus Reply Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23862

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Purchase Power

Mailing Address Po Box 856042

City Louisville State KY Zip Code 40285

Purpose of Disbursement
Postage for postage meter

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23859

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

3155.90

SUBTOTAL of Disbursements This Page (optional)

5088.70

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)

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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)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TDS Metrocom

Mailing Address PO Box 1010

City Monroe State WI Zip Code 53566

Purpose of Disbursement
Phone bill for field office

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23868

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

118.41

Full Name (Last, First, Middle Initial)

B. U.S. Postal Service

Mailing Address P.O. Box 5066

City Milwaukee State WI Zip Code 53201-5066

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23869

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

800.80

Full Name (Last, First, Middle Initial)

C. Unisource Direct

Mailing Address 925 Harrington Drive

City Madison State WI Zip Code 53718

Purpose of Disbursement
Finance Mailing - not FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.23870

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

2972.50

SUBTOTAL of Disbursements This Page (optional)

3891.71

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)

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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)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

119.55

Full Name (Last, First, Middle Initial)

B. Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23879

Date of Disbursement

/ /

Amount of Each Disbursement this Period

119.55

SUBTOTAL of Disbursements This Page (optional)

239.10

TOTAL This Period (last page this line number only)

16454.94

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)

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<input type="checkbox"/> 21b	<input checked="" 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 Road to Victory Committee

Mailing Address 228 S Washington St STE115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
transfer to affiliated cmte

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.23900

Date of Disbursement

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

Amount of Each Disbursement this Period

2855.88

SUBTOTAL of Disbursements This Page (optional)

2855.88

TOTAL This Period (last page this line number only)

2855.88

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Employee Simple IRA Plan

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23809

Date of Disbursement

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

Amount of Each Disbursement this Period

1097.20

Full Name (Last, First, Middle Initial)

B. American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Employee simple IRA plan

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23890

Date of Disbursement

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

Amount of Each Disbursement this Period

82.82

Full Name (Last, First, Middle Initial)

C. American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Employee Simple IRA plan

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23810

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Amount of Each Disbursement this Period

1054.14

SUBTOTAL of Disbursements This Page (optional)

2234.16

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)

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

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Employee Simple IRA plan

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

82.82

Full Name (Last, First, Middle Initial)

B. Kimberly Barton

Mailing Address N24W30863 Fairway Ct

City Pewaukee State WI Zip Code 53072

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23813

Date of Disbursement

/ /

Amount of Each Disbursement this Period

159.31

Full Name (Last, First, Middle Initial)

C. Kimberly Barton

Mailing Address N24W30863 Fairway Ct

City Pewaukee State WI Zip Code 53072

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

182.98

SUBTOTAL of Disbursements This Page (optional)

425.11

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

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Dudley Bowlby

Mailing Address 250 Femrite Drive

City Madison State WI Zip Code 53716

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

730.55

Full Name (Last, First, Middle Initial)

B. Dudley Bowlby

Mailing Address 250 Femrite Drive

City Madison State WI Zip Code 53716

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23816

Date of Disbursement

/ /

Amount of Each Disbursement this Period

730.80

Full Name (Last, First, Middle Initial)

C. Dean Care

Mailing Address PO Box 88610

City Milwaukee State WI Zip Code 53288

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5905.44

SUBTOTAL of Disbursements This Page (optional)

7366.79

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)

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<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 PO Box 88610

City Milwaukee State WI Zip Code 53288

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23884

Date of Disbursement

/ /

Amount of Each Disbursement this Period

549.08

Full Name (Last, First, Middle Initial)

B. Dean Care

Mailing Address PO Box 88610

City Milwaukee State WI Zip Code 53288

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5193.18

Full Name (Last, First, Middle Initial)

C. Dean Care

Mailing Address PO Box 88610

City Milwaukee State WI Zip Code 53288

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23897

Date of Disbursement

/ /

Amount of Each Disbursement this Period

823.62

SUBTOTAL of Disbursements This Page (optional)

6565.88

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

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<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. Robert Delaporte

Mailing Address 5657 Barbara Dr

City Fitchburg State WI Zip Code 53711

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2072.64

Full Name (Last, First, Middle Initial)

B. Robert Delaporte

Mailing Address 5657 Barbara Dr

City Fitchburg State WI Zip Code 53711

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2072.63

Full Name (Last, First, Middle Initial)

C. Dept. of Workforce Development

Mailing Address PO Box 78960

City Milwaukee State WI Zip Code 53278

Purpose of Disbursement
State Unemployment Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8289.67

SUBTOTAL of Disbursements This Page (optional)

12434.94

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

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(check only one)

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<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

A. Full Name (Last, First, Middle Initial) Richard Dickie		Transaction ID: SB30B.23827 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>4</td><td>9</td><td>.</td><td>4</td><td>1</td> </tr> </table>	1	1	4	9	.	4	1													
1	1		4	9	.	4	1															
City Madison State WI Zip Code 53703	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) Richard Dickie		Transaction ID: SB30B.23828 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	6													
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>6</td><td>3</td><td>.</td><td>5</td><td>6</td> </tr> </table>	1	1	6	3	.	5	6													
1	1		6	3	.	5	6															
City Madison State WI Zip Code 53703	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) Adam Foltz		Transaction ID: SB30B.23829 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address 11725 N Prospect Ave		Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>8</td><td>9</td><td>.</td><td>3</td><td>1</td> </tr> </table>	7	8	9	.	3	1														
7	8		9	.	3	1																
City Milwaukee State WI Zip Code 53202	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>		Category/ Type																			
Category/ Type																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>3</td><td>1</td><td>0</td><td>2</td><td>.</td><td>2</td><td>8</td> </tr> </table>	3	1	0	2	.	2	8													
3	1	0	2	.	2	8																
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Adam Foltz

Mailing Address 11725 N Prospect Ave

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

789.30

Full Name (Last, First, Middle Initial)

B. Kate Furtak

Mailing Address 2110 University Ave

City Madison State WI Zip Code 53726

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

114.29

Full Name (Last, First, Middle Initial)

C. Kate Furtak

Mailing Address 2110 University Ave

City Madison State WI Zip Code 53726

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23832

Date of Disbursement

/ /

Amount of Each Disbursement this Period

69.26

SUBTOTAL of Disbursements This Page (optional)

972.85

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)

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<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

A. Full Name (Last, First, Middle Initial) Jason Gammeter		Transaction ID: SB30B.23833 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address 367 East Monroe St		Amount of Each Disbursement this Period <table border="1"> <tr> <td>670.75</td> </tr> </table>	670.75																			
670.75																						
City Wyocena State WI Zip Code 53969																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) Jason Gammeter		Transaction ID: SB30B.23834 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	6													
Mailing Address 367 East Monroe St		Amount of Each Disbursement this Period <table border="1"> <tr> <td>539.76</td> </tr> </table>	539.76																			
539.76																						
City Wyocena State WI Zip Code 53969																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) Benjamin Gorges		Transaction ID: SB30B.23889 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address 716 E Grand Ave #215		Amount of Each Disbursement this Period <table border="1"> <tr> <td>798.74</td> </tr> </table>	798.74																			
798.74																						
City Eau Claire State WI Zip Code 54703																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional) ►

2009.25

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. Benjamin Gorges

Mailing Address 716 E Grand Ave #215

City Eau Claire State WI Zip Code 54703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23893

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1733.89

Full Name (Last, First, Middle Initial)

B. Guardian

Mailing Address PO Box 95101

City Chicago State IL Zip Code 60694

Purpose of Disbursement
Dental Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.86

Full Name (Last, First, Middle Initial)

C. Guardian

Mailing Address PO Box 95101

City Chicago State IL Zip Code 60694

Purpose of Disbursement
dental Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.23898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

187.09

SUBTOTAL of Disbursements This Page (optional)

2110.84

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)

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<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. Jeff Harvey

Mailing Address 2937 Fish Hatchery Rd #112

City Madison State WI Zip Code 53713

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23887

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1164.16

Full Name (Last, First, Middle Initial)

B. Jeff Harvey

Mailing Address 2937 Fish Hatchery Rd #112

City Madison State WI Zip Code 53713

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1090.02

Full Name (Last, First, Middle Initial)

C. Donna Heimbach

Mailing Address 3002 Dianne Drive

City Middleton State WI Zip Code 53562

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

760.84

SUBTOTAL of Disbursements This Page (optional)

3015.02

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Donna Heimbach		Transaction ID: SB30B.23837 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address 3002 Dianne Drive		Amount of Each Disbursement this Period <div>449.60</div>	
City Middleton	State WI		Zip Code 53562
Purpose of Disbursement Payroll			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) IRS		Transaction ID: SB30B.23806 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address Payment Center		Amount of Each Disbursement this Period <div>6109.38</div>	
City Kansas City	State MO		Zip Code 64999
Purpose of Disbursement Payroll taxes			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) IRS		Transaction ID: SB30B.23885 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address Payment Center		Amount of Each Disbursement this Period <div>1026.30</div>	
City Kansas City	State MO		Zip Code 64999
Purpose of Disbursement Payroll taxes			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

7585.28

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) IRS		Transaction ID: SB30B.23804 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address Payment Center		Amount of Each Disbursement this Period <div>1141.25</div>	
City	State		Zip Code
Kansas City	MO		64999
Purpose of Disbursement Federal Unemployment Taxes			<div>Category/ Type</div>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
B. Full Name (Last, First, Middle Initial) IRS		Transaction ID: SB30B.23808 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address Payment Center		Amount of Each Disbursement this Period <div>6058.84</div>	
City	State		Zip Code
Kansas City	MO		64999
Purpose of Disbursement Payroll Taxes			<div>Category/ Type</div>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
C. Full Name (Last, First, Middle Initial) IRS		Transaction ID: SB30B.23891 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address Payment Center		Amount of Each Disbursement this Period <div>1026.32</div>	
City	State		Zip Code
Kansas City	MO		64999
Purpose of Disbursement Payroll tax			<div>Category/ Type</div>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ►

8226.41

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)

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<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

A. Full Name (Last, First, Middle Initial) Kimberly Jorns		Transaction ID: SB30B.23838 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 233 N. Broadway #136		Amount of Each Disbursement this Period <div>1291.73</div>
City De Pere State WI Zip Code 54115		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Kimberly Jorns		Transaction ID: SB30B.23839 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>
Mailing Address 233 N. Broadway #136		Amount of Each Disbursement this Period <div>1291.74</div>
City De Pere State WI Zip Code 54115		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Brian Kind		Transaction ID: SB30B.23840 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 6403 Alison Ln		Amount of Each Disbursement this Period <div>1495.34</div>
City Madison State WI Zip Code 53711		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

4078.81

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)

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<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

A. Full Name (Last, First, Middle Initial) Brian Kind		Transaction ID: SB30B.23841 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address 6403 Alison Ln		Amount of Each Disbursement this Period <div>1495.33</div>	
City Madison State WI Zip Code 53711	Purpose of Disbursement Payroll	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Jill Latham		Transaction ID: SB30B.23842 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address 613 Third St NE		Amount of Each Disbursement this Period <div>1451.00</div>	
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Jill Latham		Transaction ID: SB30B.23843 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address 613 Third St NE		Amount of Each Disbursement this Period <div>1462.14</div>	
City Washington State DC Zip Code 20002	Purpose of Disbursement Payroll	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4408.47

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)

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<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

A. Full Name (Last, First, Middle Initial) Larry Loomis		Transaction ID: SB30B.23844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 3157 Muir Field Road #47		Amount of Each Disbursement this Period <div>535.90</div>
City Madison State WI Zip Code 53719		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Larry Loomis		Transaction ID: SB30B.23845 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>
Mailing Address 3157 Muir Field Road #47		Amount of Each Disbursement this Period <div>666.04</div>
City Madison State WI Zip Code 53719		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Ryan Mahoney		Transaction ID: SB30B.23847 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 7608 Hamilton Spring Rd		Amount of Each Disbursement this Period <div>140.45</div>
City Bethesda State MD Zip Code 20817		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>1342.39</div>
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)

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<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. Ryan Mahoney

Mailing Address 7608 Hamilton Spring Rd

City Bethesda State MD Zip Code 20817

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23848

Date of Disbursement

/ /

Amount of Each Disbursement this Period

93.50

Full Name (Last, First, Middle Initial)

B. Thomas Mooney

Mailing Address 163 Avon St. Apt 4

City La Crosse State WI Zip Code 54603

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23888

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1414.85

Full Name (Last, First, Middle Initial)

C. Thomas Mooney

Mailing Address 163 Avon St. Apt 4

City La Crosse State WI Zip Code 54603

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23895

Date of Disbursement

/ /

Amount of Each Disbursement this Period

978.01

SUBTOTAL of Disbursements This Page (optional)

2486.36

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)

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<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

A. Full Name (Last, First, Middle Initial) Jeffery Noltner		Transaction ID: SB30B.23854 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address 1543 Langley Lane		Amount of Each Disbursement this Period <table border="1"> <tr> <td>86.49</td> </tr> </table>	86.49																			
86.49																						
City Madison State WI Zip Code 53718																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) Jeffery Noltner		Transaction ID: SB30B.23855 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	6													
Mailing Address 1543 Langley Lane		Amount of Each Disbursement this Period <table border="1"> <tr> <td>93.13</td> </tr> </table>	93.13																			
93.13																						
City Madison State WI Zip Code 53718																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) Leslie Oehmen		Transaction ID: SB30B.23867 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	7		2	0	0	6													
Mailing Address 5018 Paulson Court #3		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1581.54</td> </tr> </table>	1581.54																			
1581.54																						
City McFarland State WI Zip Code 53558																						
Purpose of Disbursement Payroll																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)

1761.16

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)

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<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

A. Full Name (Last, First, Middle Initial) Leslie Oehmen		Transaction ID: SB30B.23866 Date of Disbursement <div> <div>MM / DD / YY</div> <div>04 / 14 / 2006</div> </div>	
Mailing Address 5018 Paulson Court #3		Amount of Each Disbursement this Period <div>1581.54</div>	
City McFarland State WI Zip Code 53558	Purpose of Disbursement Payroll	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Scott Poole		Transaction ID: SB30B.23860 Date of Disbursement <div> <div>MM / DD / YY</div> <div>04 / 14 / 2006</div> </div>	
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period <div>647.30</div>	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Scott Poole		Transaction ID: SB30B.23861 Date of Disbursement <div> <div>MM / DD / YY</div> <div>04 / 27 / 2006</div> </div>	
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period <div>645.46</div>	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll	<input type="checkbox"/> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

2874.30

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)

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<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

A. Full Name (Last, First, Middle Initial) James Sanders		Transaction ID: SB30B.23864 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 4510 Texas Trail		Amount of Each Disbursement this Period <div>492.36</div>
City Madison State WI Zip Code 53704		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) James Sanders		Transaction ID: SB30B.23865 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>
Mailing Address 4510 Texas Trail		Amount of Each Disbursement this Period <div>598.22</div>
City Madison State WI Zip Code 53704		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Rick Wiley		Transaction ID: SB30B.23873 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>
Mailing Address 529 Aztalan Drive		Amount of Each Disbursement this Period <div>2212.35</div>
City Madison State WI Zip Code 53718		
Purpose of Disbursement Payroll	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3302.93

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Rick Wiley		Transaction ID: SB30B.23874 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address 529 Aztalan Drive		Amount of Each Disbursement this Period <div>2029.62</div>	
City Madison	State WI		Zip Code 53718
Purpose of Disbursement Payroll			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Joshua Wilson		Transaction ID: SB30B.23875 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>	
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period <div>592.16</div>	
City Madison	State WI		Zip Code 53703
Purpose of Disbursement Payroll			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Joshua Wilson		Transaction ID: SB30B.23876 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>	
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period <div>620.17</div>	
City Madison	State WI		Zip Code 53703
Purpose of Disbursement Payroll			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

3241.95

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)

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<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. Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23878

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

1225.84

Full Name (Last, First, Middle Initial)

B. Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23886

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

211.91

Full Name (Last, First, Middle Initial)

C. Wisc. Dept of Revenue

Mailing Address PO Box 93208

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23880

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

1213.81

SUBTOTAL of Disbursements This Page (optional)

2651.56

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)

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<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. Wisc. Dept of Revenue

Mailing Address PO Box 93208

City
Milwaukee

State
WI

Zip Code
53293

Purpose of Disbursement
Payroll Tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.23892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

211.91

SUBTOTAL of Disbursements This Page (optional)

211.91

TOTAL This Period (last page this line number only)

82408.65

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Transaction ID: SC/10.6376

LOAN SOURCE Full Name (Last, First, Middle Initial)

M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison

State WI

ZIP Code 53705

Election:

☐ Primary☐ General☐ Other (specify) ▼

Original Amount of Loan

110000.00

Cumulative Payment To Date

69000.00

Balance Outstanding at Close of This Period

41000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
0 9Y Y Y Y
2 0 0 2

04/30/02

5.75 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

41000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

Transaction ID: SC/10.10726

LOAN SOURCE Full Name (Last, First, Middle Initial)

M&I Bank of Southern Wisconsin

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address P.O. Box 5920

City Madison

State WI

ZIP Code 53705

Original Amount of Loan

34000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

34000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
3 1Y Y Y Y
2 0 0 3

5.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

34000.00

TOTALS This Period (last page in this line only) ▶

75000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 54 / 59
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

NAME OF ACCOUNT

Republican Party
of Wisconsin

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	6

TOTAL AMOUNT TRANSFERRED

4551.70

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

4551.70

Transaction ID: H3.23990

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

4551.70

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

4551.70

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 55 / 59
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

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

GFC Leasing

Mailing Address

PO Box 1129

City State Zip Code

Madison WI 53701

Purpose of Disbursement:
Copier LeaseCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59202.72

Date MM / DD / YYYY
04 / 07 / 2006

Transaction ID: H4.23797

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

230.92

868.68

1099.60

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

Office Depot

Mailing Address

PO Box 9027

City State Zip Code

Des Moines IA 50368

Purpose of Disbursement:
Office SuppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59350.44

Date MM / DD / YYYY
04 / 07 / 2006

Transaction ID: H4.23799

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

31.02

116.70

147.72

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

Ameritech

Mailing Address

Bill Payment Center

City State Zip Code

Saginaw MI 48663

Purpose of Disbursement:
Phone billCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59626.78

Date MM / DD / YYYY
04 / 13 / 2006

Transaction ID: H4.23794

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

58.03

218.31

276.34

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

319.97

1203.69

1523.66

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)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 56 / 59
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

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

GFC Leasing

Mailing Address

PO Box 1129

City State Zip Code

Madison WI 53701

Purpose of Disbursement:
Lease for Fax machineCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59756.61

Date 04 / 19 / 2006

Transaction ID: H4.23796

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

27.26

102.57

129.83

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

Ameritech

Mailing Address

Bill Payment Center

City State Zip Code

Saginaw MI 48663

Purpose of Disbursement:
Phone billCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

60528.02

Date 04 / 27 / 2006

Transaction ID: H4.23795

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

162.00

609.41

771.41

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

MG&E

Mailing Address

PO Box 1231

City State Zip Code

Madison WI 53701

Purpose of Disbursement:
Utility BillCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

61395.46

Date 04 / 27 / 2006

Transaction ID: H4.23798

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

182.16

685.28

867.44

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

371.42

1397.26

1768.68

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) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 57 / 59
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
 Office Max

Mailing Address

2420 East Springs Dr

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement:
 Office Supply

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

61714.14

Date

M	M
0	4

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.23800

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
66.92		251.76		318.68

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

Mailing Address

PO Box 7005

City	State	Zip Code
Madison	WI	53707

Purpose of Disbursement:
 postal permit renewal fee

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

62214.14

Date

M	M
0	4

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.23801

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

C. Full Name (Last, First, Middle Initial)
 SBC Long Distance

Mailing Address

P.O. Box 660688

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement:
 Phone charges

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

65082.09

Date

M	M
0	4

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	6

Transaction ID: H4.23802

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
602.27		2265.68		2867.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
774.19		2912.44		3686.63

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) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 58 / 59
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
 M&I Merchant Services

Mailing Address

P.O. Box 5920

City

State

Zip Code

Madison

WI

53705

Purpose of Disbursement:
 Bank fees

Category/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

65112.09

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: H4.23803

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

6.30

23.70

30.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

6.30

23.70

30.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

1471.88

5537.09

7008.97

Form/Schedule: **SA15** There are 4 transactions listed on line 15 dated 04/26/06. These are restitution payments ordered by Milwaukee County court. The Republican Party of Wisconsin had tires slashed on vans rented for the 2004 election. The defendants were ordered to pay the Republican Party of Wisconsin the amount it cost to repair those tires. The 4 payments are from Masantuono Law Office, The Shellow Group, Michael Pratt, and Lavalie Mohammad.

Transaction ID: **SA15.23981**

Form/Schedule: **SC/10** On 12/30/02, we made a \$25,000 draw on our line of credit. It is shown as an accrual under the loan payments. FEC Tech Support has advised this procedure to show a draw on the line of credit

Transaction ID: **SC/10.6376**